

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17611

1. PLACE OF DEATH

County Demiseat Registration District No. 661
 Township Little Prairie Primary Registration District No. 8862
 City State R 2 No. _____ St. _____ Ward _____

File No. _____
 Registered No. 99

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-21-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Micala Mo

FATHER
 13. NAME Archie Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Micala Mo

MOTHER
 15. MAIDEN NAME Loren Sumners

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Oscar Davis State Mo R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthamille Mo DATE 5-19-34

19. UNDERTAKER (ADDRESS) German 2nd St State Mo

20. FILED May 18 1934 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-1934

22. I HEREBY CERTIFY, That I attended deceased from May 17 1934 to May 18 1934
 I last saw him alive on May 17 1934. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Colitis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) G. W. Shipp, M. D.

(Address) Caruthamille Mo

JUN 25 1934

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934-5-18

1932-12-21

1-4-27