

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

Do not use this space.

NOV 14 1934

1. PLACE OF DEATH

County Hunter Registration District No. 171
 Township Keosauqua Primary Registration District No. 4100
 City Keosauqua (No.) St. Ward

File No. 35499
 Registered No. 30

2. FULL NAME

Furland Andrew Davis
 (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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Boy (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>13</u>	<u>-</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Charles W. Davis

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

15. MAIDEN NAME Eliene Humphrey

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

17. INFORMANT Charles Davis (ADDRESS) Keosauqua

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunterville DATE Oct 9 1934

19. UNDERTAKER Keosauqua (ADDRESS) Keosauqua Mo

20. FILED Oct 9 1934 by Mrs Key Andrew Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1934 to Oct 6 1934

I last saw him alive on 10-6-1934 Death is said to have occurred on the date stated above, at 1-0 m.

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

Dysphoid fever Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? U. C.

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) Asst. J. Williams, M. D.

(Address) Keosauqua

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

