

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Clinton
Township Shoal
City Cameron (No. _____, _____ St. _____ Ward)

Registration District No. 204
Primary Registration District No. 3013

File No. 16089
Registered No. 15

2. FULL NAME James 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 7 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer
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) Indiana13. NAME Not Known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT Allen Davis
(ADDRESS) Harmon City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE McDaniel Cem DATE 4-17 193719. UNDERTAKER Joseph
(ADDRESS) Cameron20. FILED Apr 16 1937 W. C. Rieley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 193722. I HEREBY CERTIFY, That I attended deceased from Apr 1 1937, to April 15 1937I last saw him alive on April 15 1937. Death is said to have occurred on the date stated above, at 2:10 A.M.

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

Influenza 11B

Date of onset

Other contributory causes of importance: —Name of operation — Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No.

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? No

If so, specify _____

(Signed) W. C. Rieley M. D.(Address) Cameron Mo

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