

REC'D FEB 11 1939

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

3128

Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 576
 (b) Township Ohio Primary Registration District No. 576E Registered No. 1-
 (c) City Wyatt (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. 6 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

170 Cleotha Davis
Mississippi County
 (a) Residence, No. _____ St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27, 1939</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>6</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Infant</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wyatt Mo</u>		
FATHER	13. NAME <u>Salomon Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lee County Ark</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Estmer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
17. INFORMANT (ADDRESS) <u>Salomon Davis Wyatt Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bush Ridge Cemetery</u> DATE <u>1-4 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Frank Linn Funeral Service Charleston Mo</u>		
20. FILED <u>1-5 1939</u> <u>F. S. Starnes</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1939, to Jan. 3 1939
 I last saw him alive on Jan. 12 1939. Death is said to have occurred on the date stated above, at 4:20 p. m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia 3 days
following acute otitis media + mastoiditis 10 days

Other contributory causes of importance: 107K

Name of operation Mastoiditis by Date of Dec 26
Dr. D. W. Brown Chiro 21 Was there an autopsy? N.O.

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. S. Rose, M. D.
 (Address) Charleston, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.