

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

Do not use this space.

23738

AUG 22 1929

1. PLACE OF DEATH

County Barry Registration District No. 30 File No. _____
 Township Kempthorn Primary Registration District No. 5042 Registered No. 76
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Clyde Webster 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (or) WIFE OF Ms. Julia Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
39 8 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Mo

10. NAME OF FATHER S. H. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Barro Co Ark

12. MAIDEN NAME OF MOTHER Kettie Marbut

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Mo

14. INFORMANT S. A. Davis (Address) Monett Mo

15. FILED 7-2, 1929 W M West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1, 1929

17. I HEREBY CERTIFY, That I attended deceased from _____ body of deceased immediately after death, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Crushing of upper chest by falling machinery - Disturbance of respiration - asphyxiation - asphyxiation - asphyxiation

CONTRIBUTORY (SECONDARY) 205C 205G

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W M West M. D.

7/2, 1929 (Address) Monett Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bethel Cemetery 7-2 1929

20. UNDERTAKER ADDRESS

Callaway's Monett

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.

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

