FEB 22 1927

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

Do not use this space.

426

1. PLACE OF DEATH

County CASS — Registration District No. 156 — File No.

Township Grandriver — Primary Registration District No. 5219 — Registered No. 6

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Baby 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: While

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29th 1927

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 3 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Premature Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cass County
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Willard Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cass Co. Mo/

12. MAIDEN NAME OF MOTHER Mayme Schultz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Nebr.

14. INFORMANT Willard Davis
(Address) Harrisonville, Mo.

15. FILED 1/29 1927 D Shong
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29th 1927

17. I HEREBY CERTIFY, That I attended deceased from 1-29, 1927, to 1-29-, 1927 that I last saw him alive on 1-29-, 1927 and that death occurred, on the date stated above, at IP. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth (6mos.)

154 161a

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. A. Scott, M. D

1-29, 1927 (Address) Harrisonville, 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: Burford Cemetary

DATE OF BURIAL: 1-29 1927

20. UNDERTAKER

ADDRESS