

APR 35 1927

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

Do not use this space.

7917

1. PLACE OF DEATH

County Henry

Registration District No. 14

File No. 7917

Township Windsor

Primary Registration District No. 4211

Registered No. 13

City Windsor (No.)

St. (Ward)

2. FULL NAME Saithy D. 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

Female

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30-1921

7. AGE

YEARS 5

MONTHS 3

DAYS 15

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

7700

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Windsor

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Dalton Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Windsor

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Benedicta Anne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

14.

INFORMANT Mrs. Dalton Davis

(Address) Windsor Mo.

15.

FILED 3-15-27 J. J. Jennings

19 27

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1927

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1927, to March 15, 1927, that I last saw him alive on March 11, 1927, and that death occurred, on the date stated above, at 8:19 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

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. J. Jennings, M. D.

, 19 27 (Address) Windsor 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

Windsor Mo.

DATE OF BURIAL

March 15 1927

20. UNDERTAKER

W. E. Kustor Windsor Mo

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.

WINDSOR

