

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

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.

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Town Jessie Primary Registration District No. 1097
 City Jackson City St. Helley Prot Hosp. St. 11866 Ward 1752

2. FULL NAME Louis Davis
 (a) Residence. No. 3303 Kaytown Road St. 11866 Ward 1752
 (Usual place of abode)
 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Dom laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) 34 123
 (c) Name of employer 36

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Sophie

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

12. MAIDEN NAME OF MOTHER Susan Hutch

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

14. INFORMANT Louis Davis
 (Address) 3303 Kaytown

15. FILED 4/29 27 M. J. Crow
assr REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/26 19 27

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1927, to Apr 26, 1927, and that I last saw him alive on Apr 21, 1927, and that death occurred, on the date stated above, at 3 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General sepsis following an abscess in terminal P.P. testicle
Syphilis of testicle
 CONTRIBUTORY (SECONDARY) 38 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT PLACE OF DEATH? 38

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) James E. Taylor M.D.
4/27 19 27 (Address) 1122 W. 11th St.

*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 Maple Hill DATE OF BURIAL 4-30 19 27

20. UNDERTAKER Natkins Bros ADDRESS 1729 Lydia

On Justell

11th & Oak.

Aug 22