MAY 31 1927

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

Do not use this space.

12392

1. PLACE OF DEATH

County: Mississippi — Registration District No.: 566

Township: Tywappity — Primary Registration District No.: 5762

City: Charleston (No. ..... St. ..... Ward)

File No. .....

Registered No. 27

2. FULL NAME: Wetta Davis

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: all her life yrs. ..... ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Bl

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/27/25

7. AGE: Years 2 | Months 2 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Charleston,
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Jim Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tallula
(STATE OR COUNTRY): Louisiana

12. MAIDEN NAME OF MOTHER: Doris Fouche

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Crystal Springs
(STATE OR COUNTRY): Mississippi

14. INFORMANT: Jim Davis
(Address): R.D. Gordonburn, Charleston Mo.

15. Filed 19-27, 19 ..... J. D. Vernon Mo.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-19 1927

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1927, to April 19th 1927 that I last saw him alive on April 12th 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Whooping Cough

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

CONTRIBUTORY (SECONDARY): Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 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) Assumed Cause M. D.

April 19, 1927 (Address) Charleston 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: Oak Grove

DATE OF BURIAL: 4/19 1927

20. UNDERTAKER: The Jack Talmord Co.

ADDRESS: Charleston Mo.

NOTE.—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.