

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

Do not use this space.

27832

**1. PLACE OF DEATH**

County Miss.  
Township East Prairie  
City East Prairie (No. ....)

Registration District No. 5-67  
Primary Registration District No. 4334

File No. ....  
Registered No. 62  
St. .... Ward

**2. FULL NAME**

Edua 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)**

married

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

Frank Davis

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

Oct 10-1883

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>43</u>	<u>11</u>	<u>8</u>	

**8. OCCUPATION OF DECEASED**

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

Folsomville Ind

**10. NAME OF FATHER**

John Bradley

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

Don't know

**12. MAIDEN NAME OF MOTHER**

Don't know

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

Don't know

**14. INFORMANT**

F. W. Davis   
(Address) East Prairie, Mo.

**15. FILED**

10-5-27 Duff M. Hodges  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Sept 18 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1927, to Sept 18, 1927, that I last saw him alive on Sept 20 P, 1927, and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cirrhosis of Liver

124 B

about 4

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

122 B1

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT IN PLACE OF BIRTH.....

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

WAS THERE AN AUTOPSY?.....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Geo. W. Whitaker, M. D.

10-5-, 1927 (Address) East Prairie, 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**

610 1/2 Charleston

Sept 20 1927

**20. UNDERTAKER**

Wm. Shelby

**ADDRESS**

East Prairie Mo

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.

1927

