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

Do not use this space.

30073

File No. 645

Registered No.

1. PLACE OF DEATH
County: Greene
Registration District No.: 318
Township:
Primary Registration District No.: 0001
City: Springfield (No. St. Ward) St. Louis Hospital

2. FULL NAME: Forrest E. Davies

(a) Residence. No. 2261 Prospect 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: Male
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 4 - 1884

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	17	

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

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

PARENTS
10. NAME OF FATHER: C. C. Davies
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Augusta Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mo.
(STATE OR COUNTRY)

14. INFORMANT: Susie Evans
(Address): Springfield Mo

15. FILED: 10/22/27 19 C. C. Forstner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-21- 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-8- 1927, to 10-19- 1927, that I last saw h. alive on 10-18- 1927, and that death occurred, on the date stated above, at 7 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1IB Influenza
2IB
1IB (duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY) Cerebritis (duration) 2 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) C. E. Zeller, M. D
10-21, 1927 (Address) Springfield 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: Haselwood Cemetery
DATE OF BURIAL: Oct 22 1927

20. UNDERTAKER: L. Ottinger & Co.
ADDRESS: 424 E. Col. Springfield 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.