FEB 20 1928

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

Do not use this space. 348

1. PLACE OF DEATH
County Butler
Township Poplar Bluff
City ~~Poplar Bluff, Mo.~~ (No. ..... St. ..... Ward)
Registration District No. 89
Primary Registration District No. 5131
File No. .....
Registered No. 2

2. FULL NAME James Everette Davis Jr.
(a) Residence. No. Poplar Bluff, Mo. R#1 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): Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2 - 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	1	29	

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

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

PARENTS
10. NAME OF FATHER James E. Davis Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oak Ridge
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Frona Leach
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT James E. Davis Sr.
(Address) Poplar Bluff, Mo R. 1

15. FILED 2-4, 1928 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1927, to Dec 31, 1927 that I last saw him alive on Dec 31, 1927, and that death occurred, on the date stated above, at 4:A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Foetid Stomatitis
115B 108B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death
*O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. S. Bailey, M. D
2-4, 1928 (Address) Poplar Bluff 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 Sparkman Cemetery
DATE OF BURIAL 1:P.M. Jan 2 1928

20. UNDERTAKER A. W. Greer Poplar Bluff, Mo.
ADDRESS

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.