

EP 27 1928

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

Do not use this space.

27946

1. PLACE OF DEATH

County Mississippi
Township St. James
City Newtownton Mo.

Registration District No. 6-67
Primary Registration District No. 5763

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

2. FULL NAME Roy Lee 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 18th 1928

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

17. I HEREBY CERTIFY That I attended deceased from Aug. 18, 1928 to Aug. 18, 1928 that I last saw him alive on Aug. 15, 1928 and that death occurred, on the date stated above, at 5:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1st 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Colitis

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 17

11 30 (duration) yrs. mos. 10 ds.

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

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi Co.,

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. _____

10. NAME OF FATHER Illinois German Davis

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Mrs. B. Byrd

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Geo. W. Whitaker, M.D.

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

7-5-1928 (Address) East Prairie, Mo.

14. INFORMANT (Address) Joe Davis
Clinton Mo. R.F.D. 5

*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.

15. FILED 9-7-28 Duff M. Hodge REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Anniston Mo. DATE OF BURIAL Aug 19 1928

20. UNDERTAKER Travis Shelly ADDRESS East Prairie 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.

