AN 21 1929

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

38

Do not use this space.

105

5 0 0

1. PLACE OF DEATH

County Barry — Registration District No. 5054 — File No. 1

Township White River — Primary Registration District No. ~~5054-38~~ — Registered No. 38

City ~~Mt. Gotten~~ (No. ..... St. ..... Ward)

2. FULL NAME Billie Gene 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 7-27-1929

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	4	10	

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

8

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Eucha Okla.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Ruth Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo. Barry Co.

14. INFORMANT Joe Reynolds
(Address) Zinsville Okla.

15. FILED 1/8, 1929 Emma Widdington
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

V

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-6, 1929, to 1-7, 1929 that I last saw her alive on 1-6, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Bronchial)

11A

107A (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Flu

(duration) ..... yrs. ..... mos. 5 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) A. J. Carter, M. D.

1-7, 1929 (Address) Berryville

*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
To Missouri Okla	19
20. UNDERTAKER	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.