

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

Do not use this space.

954

1. PLACE OF DEATH

County Franklin
Township Salmon
City Smith Mo. (No.)

Registration District No. 990
Primary Registration District No. 5908

File No.
Registered No. 5
St. Ward)

2. FULL NAME

Sussie 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. Is Marrying, Widowed or Divorced HUSBAND or (or) WIFE OF J.R. Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 x x

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work
(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) De Kalb County, Miss

10. NAME OF FATHER M. M. Carington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) De Kalb County, Miss

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT J.R. Davis
(Address) Smith Mo. R.F.D. #1.

15. FILED 2-1 1929 R. M. Spaid REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16, 1929

I HEREBY CERTIFY That I attended deceased from Jan 15, 1929 to Jan 15, 1929 that I last saw him alive on Jan 15, 1929, and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meningitis
11 B
79 A (duration) yrs. mos. 1 2/3

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED 11 B
IS NOT AT PLACE OF DEATH? 11 B

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Rog. Spaid, M. D.
19 (Address) Smith 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 1110 Live Cemetery DATE OF BURIAL Jan 17, 1929

20. UNDERTAKER Max ADDRESS Smith 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.

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2
2
31

