MAR 28 1930

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

Do not use this space.

1844

1. PLACE OF DEATH
County: McDonald — Registration District No.: 1149 — File No.:
Township: Cyclone — Primary Registration District No.: 5691 — Registered No.:
City: (No. St. Ward)

2. FULL NAME: Lewis Morgan 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 31 1860

7. AGE: YEARS 70 — MONTHS 0 — DAYS 0 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: 13 B
(b) General nature of industry, business, or establishment in which employed (or employer): 6 B
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: John Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Elizabeth Ginn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: J. M. Davis
(Address): Cyclone

15. FILED, 19 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928 to Jan 31, 1930 that I last saw him alive on Dec 30, 1925, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxemia — due to Fistula of Perineum and Hip (Perineum)
(duration) 30 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Crushed Hip from mine accident (duration) 70 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 1860
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. L. Edmondson M. D.
19 (Address) Stella 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: Union Cem. — DATE OF BURIAL: Feb 1 1930

20. UNDERTAKER: Pogue's Uni Co — ADDRESS: Wheaton

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.