

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

Do not use this space.

18845

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township Cape Girardeau Primary Registration District No. 3009  
City Cape Girardeau, 277 Kuch addr St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 432

**2. FULL NAME**

James Duane Davie  
(a) Residence No. 277 Kuch Addition 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) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>11</u>	<u>3</u>	<u>10</u>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. None  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Stoddard County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER M. R. Davie

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

12. MAIDEN NAME OF MOTHER Betty Gullis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Deliver County  
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. J. R. Davie  
(Address) Cape Girardeau

15. FILED 626.30 1930 W. Haugger REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/21, 1930, to 6/24, 1930  
that I last saw alive on 6/24, 1930, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gastro Enteritis Acute.

17015  
CONTRIBUTORY (SECONDARY) 1146  
(duration) yrs. mos. ds.  
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None  
(Signed) Geo. Walker, M. D.

(Address) Cape Girardeau

\*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 Fairbank DATE OF BURIAL June 26, 1930

20. UNDERTAKER Albert H. ... ADDRESS 536 Broadway

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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