

RECORD OF DEATHS IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Skipped

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

Do not use this space.

19135

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2001 Registered No. 435
City Springfield (No. St. Johns Hospital (Prives)) St. _____ Ward _____

2. FULL NAME

Magid K. Davis

(a) Residence, No. St. Louis Mo. 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

m

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Unknown

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

about 68 unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retail Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Rail-Way

(c) Name of employer Grisco

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

PARENTS

14.

INFORMANT Alma Johnson
(Address) Springfield, Mo.

15.

FILED 6/8 30 For Sharp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-7-1930

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1930, to June 7, 1930 that I last saw him alive on June 2, 1930, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (chronic)

930

162

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Senility

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) G.M. Powell, M. D.

6-8, 1930 (Address) Springfield 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

DATE OF BURIAL

St. Louis Mo. 6-9 1930

20. UNDERTAKER

ADDRESS

Alma Johnson Springfield Mo

432