

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

Do not use this space.

20355

1. PLACE OF DEATH

County Randolph
Township Waverly
City Waverly (No.)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 252
St. Ward

2. FULL NAME Everett Earle Davis Jr

(a) Residence. No. 412 Johnson St., Ward.

(Usual place of abode) (If nonresident, give city 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/18/1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 5 6

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

9. BIRTHPLACE (CITY OR TOWN) Waverly
(STATE OR COUNTRY) Randolph Co. Mo

10. NAME OF FATHER Everett Earle Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo

12. MAIDEN NAME OF MOTHER Elvis Roberts

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

14. INFORMANT Everett Earle Davis
(Address) 412 Johnson St. Waverly

15. FILED 6/24/30 Dr. Thos. S. Flething
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/24 1930

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1930, to June 24, 1930.
that I last saw h. alive on June 28, 1930, and that death occurred, on the date stated above, at 1:05 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
12 1/2 (duration) yrs. mos. 14 ds.
CONTRIBUTORY Ruptured appendix
(SECONDARY) (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 6/14-30
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. L. McCormick, M. D.
. 19 (Address) Waverly, 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 Waverly
Waverly Cemetery DATE OF BURIAL 6/28 1930

20. UNDERTAKER Johnson
ADDRESS Johnson

N. B.—Every item of information 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.

JUL 25 1930

