NOV 24 1930

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

Do not use this space.

File No. 33215

Registered No. 140

1. PLACE OF DEATH

County: Jackson — Registration District No.: 4a

Township: Prairie — Primary Registration District No.: 1-2-3-4-5

City: Little Blue Mo. (No. Little Blue, Mo. St. ..... Ward)

2. FULL NAME Steve Davis

(a) Residence. No. 2632 Woodland St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Negro	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1st 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	10	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Western Indiana
(c) Name of employer: R.R. Co., Chicago, Ills.

9. BIRTHPLACE (CITY OR TOWN) Jefferson County
(STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER Isaac Davis

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

12. MAIDEN NAME OF MOTHER Harriett Dukes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Louisiana

14. INFORMANT Columbus Davis
(Address) 2632 Woodland

15. FILED Oct 24 1930 N. S. James REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1930, to Oct. 22, 1930, that I last saw him alive on Oct. 22, 1930, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

30 Lobar Pneumonia
30 Toxic - Dorsalis
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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? Physical Exam

(Signed) Earl Burton, M. D.
10-23-1930 (Address) 2700 Vineyard

*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: Highland Cemetery — DATE OF BURIAL: 10-25-30

20. UNDERTAKER: Flynn + Greenstreet — ADDRESS: 1817 E 15th St. K.C. 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.