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

Do not use this space.

325

File No.

Registered No.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

12

FEB 18 1931

1. PLACE OF DEATH
County: Butler
Registration District No.: 88
Township: Neely
Primary Registration District No.: 5130
City: (No. , St. Ward)

2. FULL NAME: John 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 22, 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	6	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: x x x x x

10. Date deceased last worked at this occupation (month and year): x x

11. Total time (years) spent in this occupation: x x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neelyville Missouri

FATHER

13. NAME: Marshall Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neelyville Missouri

MOTHER

15. MAIDEN NAME: Elcase Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock Arkansas

17. INFORMANT (ADDRESS): Elcase Davis Neelyville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Neelyville Mo DATE: Jan. 24, 1931

19. UNDERTAKER (ADDRESS): Friends and Neighbors

20. FILED: Jan 24, 1931 R. I. Turner. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Died without Medical attendance.	1-7-31
Probably Typhoid Fever because another child in this family has it at present	

Other contributory causes of importance:
Improper care and feeding

Name of operation: None x x x Date of x x x

What test confirmed diagnosis? x x x Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? x x x Date of injury x x, 19x
Where did injury occur? x x x x x x x
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury x x x x x x x
Nature of injury x x x x x x x

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. I. Turner, M. D.
(Address) Neelyville Mo.