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

Do not use this space.

2557

File No.

Registered No. 29

FEB 20 1931

**1. PLACE OF DEATH**

County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City Moberly (No. 102 Hinton St. Ward)

**2. FULL NAME** Jessie Lee Davis

(a) Residence. No. 102 Hinton 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) |
|---|---|---|
| Female | White | Divorced |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19th 1900

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 30 | 11 | 19 | |

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Jesse Polston

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

12. MAIDEN NAME OF MOTHER Nannie Kirks

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

14. INFORMANT Jesse Polston
(Address) Moberly, Mo

15. FILED 1-31, 1931 Thos. S. Fleming REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1931, to Jan 28 1931, that I last saw h. alive on Jan 28 1931, and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza.

11B (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED yes

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no *DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O. U. Mitchell M. D.

1-31 1931 (Address) Moberly 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 |
|---|---|
| Moberly Mo | 1-31 1931 |
| **20. UNDERTAKER** | **ADDRESS** |
| Mahan and Son | Moberly 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.

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