

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

Do not use this space.

27611

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3007
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME Lee M. Davis
 (a) Residence, No. 918 Olive St., 5 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.

File No. _____
 Registered No. 161
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1900

7. AGE YEARS 31 MONTHS 13 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postee

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Miss.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 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 4:30 P.M.

The principal cause of death and related causes of importance were as follows:
Sept. hemorrhage
gun shot wound in face
 Date of onset _____

Other contributory causes of importance:
chance from 12 ga. shot gun striking in face

Name of operation _____ Date of _____
 What was confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury Aug 2, 1931
 Where did injury occur? Poplar Bluff Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound in face
 Nature of injury laceration of face both eyes

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

(Signed) grover green colonies M. D.
 (Address) Poplar Bluff Mo.

17. INFORMANT Mrs Lee Davis
 (ADDRESS) Lock Post 911

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City DATE Aug 12, 1931

19. UNDERTAKER Beverly Funeral Home
 (ADDRESS) Poplar Bluff Mo

20. FILED Aug 12, 1931 B. J. O'Leary Registrar.

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.

SEP 21 1931

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

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