

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

Do not use this space.

41382

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Warrensburg Primary Registration District No. 5588
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Dave 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 M	4. COLOR OR RACE Black	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) About 1860		
7. AGE about 70	YEARS	MONTHS
		DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.		
13. NAME Will Davis		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.		
15. MAIDEN NAME Unknown,		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,		
17. INFORMANT Louis Baldwin (ADDRESS) Warrensburg,		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill Cem DATE Dec. 10, 1931		
19. UNDERTAKER Sweeney-Phillips (ADDRESS) Warrensburg, Mo		
20. FILED Dec 10, 1931 <i>Wm. Patterson</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 9, 1931**

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **2 A.** m.

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

Accidental death supposed to be struck by a train on the Mo Pacific R R. as he was found dead there at 8-30 A. M. Dec 9. Head crushed and left arm off.

Other contributory causes of importance:
**2076
2077**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **accident** Date of injury _____, 19____

Where did injury occur? **4 miles west of Warrensburg,** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
ON Railroad.

Manner of injury **Head crushed**

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Sign) *Edward Andrew Legrand D.*
H. Johnson, Jr. Johnson Co

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EX-23 1931

