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

Do not use this space.

7877

1. PLACE OF DEATH
County: Cooper
Township: Palestine
City: ..... (No. ..... St. ..... Ward)

Registration District No. 225
Primary Registration District No. 5306

File No. .....
Registered No. 2

2. FULL NAME: Emmet Davis Jr

(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.

MAY 23 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22-1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	4	9	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Cooper Co ?
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Emmet Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Cooper Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Fanny Sudal
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cooper Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Emmet Davis
(Address): Boonville Mo

15. FILED 4/7, 1932 Mrs Otto Oberg
Dr C K Meredith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1932

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw him alive on Soon after death 4/5 1932 and that death occurred, on the date stated above, at 7 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ran up small hill
Fell dead
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Small Pox about
6 wks ago (duration) ..... yrs. ..... mos. 28 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C K Meredith, M. D.
4-7, 1932 (Address) Prairie House 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
Clarks Fork Col Cem	4-7 1932
20. UNDERTAKER	**ADDRESS**
Gordman + Bollar	Boonville

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