

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.

MAY 31 1932

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

Do not use this space.

15289

1. PLACE OF DEATH  
 10 County Boone Registration District No. 73  
 3 Township ..... Primary Registration District No. 3006  
 8 City Columbia (No. ....) St. .... Ward)

2. FULL NAME Geo Davis  
 (a) Residence, No. N 6 St 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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 2 23

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor  
 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) Ky.

FATHER  
 13. NAME Do not know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER  
 15. MAIDEN NAME Ballie Danneil  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Sarah Craig (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary cem. DATE 5-28, 1932

19. UNDERTAKER A. L. Freeman (ADDRESS) Columbia

20. FILED 7/28, 1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1932, to May 27, 1932  
 I last saw him alive on May 26, 1932 Death is said to have occurred on the date stated above, at 1:40 m.  
 The principal cause of death and related causes of importance were as follows:  
108  
Lobar Pneumonia  
 Other contributory causes of importance: 108 (1)

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? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) O. A. Mason, M. D.  
 (Address) 715 E. Columbia

