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.

AUG 22 1932

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

Do not use this space.

22164

File No.

Registered No. 163

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 125

1 Township " " — Primary Registration District No. 3009

8 City " " (No. 1720 Whitener St. Ward)

2. FULL NAME John Burn Davis

(a) Residence, No. 1420 Whitner St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1883.

7. AGE: YEARS 49 — MONTHS 1 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janeture. 236

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frutland Mo. 1

FATHER

13. NAME Robert Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 31

MOTHER

15. MAIDEN NAME Mary L. Huges.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. 1

17. INFORMANT (ADDRESS) Mrs John B. Davis. Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plesent Hill Cem DATE 7/6 1932

19. UNDERTAKER (ADDRESS) Hamans Funeral Home. Cape Girardeau Mo.

20. FILED 7-5 1932 W C Kempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14 1932, to July 4, 1932

I last saw him alive on July 3, 1932. Death is said to have occurred on the date stated above, at ....m.

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

Gastric Heart

Date of onset

Other contributory causes of importance:

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) [signature], M. D.

(Address) Cape Girardeau Mo