

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

Do not use this space.

33156

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Sedalia (No. 811 E, 15<sup>th</sup>)

File No. \_\_\_\_\_  
Registered No. 275  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Harold Davis

(a) Residence, No. 811 E. 15<sup>th</sup> St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>        </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12 - 1919</u>		
7. AGE	YEARS	MONTHS
	<u>13</u>	<u>4</u>
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At school</u>		
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 _____

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Kernie E. Davis</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Pearl Calvin</u>
MOTHER / FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>K. E. Davis</u> (ADDRESS) <u>Sedalia Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>10-18-1932</u>	
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia Mo.</u>	
20. FILED <u>10-17</u> 19 <u>32</u> <u>J. F. Love</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 - 1932

22. I HEREBY CERTIFY That attended deceased from Oct 11 - 1932 to Oct 16 - 1932  
I last saw him alive on Oct 16 - 1932 Death is said to have occurred on the date stated above, at 8:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Diphtheria

Date of onset 10/4/32

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) Sedalia MO

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.

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