

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

Do not use this space.

43012

1. PLACE OF DEATH
 110 County Washington Registration District No. 885
 Township Belgrade Primary Registration District No. 6183
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Carson Christopher 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.

File No. _____
 Registered No. 32

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hammer
 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) Belgrade Mo
 13. NAME Luke Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Mary Carson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo
 17. INFORMANT Grace Davis (ADDRESS) Belgrade Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Belgrade DATE 12-24 1932
 19. UNDERTAKER White T. Son (ADDRESS) Princeton Mo
 20. FILED Dec 20 1932 Mrs. J. M. Knox Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to 22, 19____.
 I last saw h. July alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:
myocarditis
930
 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) W. Russell, M. D.
 (Address) Potter 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 9 1933

