

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 23 1933

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

Do not use this space.

20347

1. PLACE OF DEATH
 61 County Macon Registration District No. 970
 Township Jackson Primary Registration District No. 6702
 City Atlanta, Mo. St. _____ Ward _____

2. FULL NAME Evry L. 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 40 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 Ella Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1888

7. AGE YEARS 48 MONTHS 8 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) Macon Co. Mo.

13. NAME General Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Sarah McQuary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Ella Davis (ADDRESS) Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Salem DATE 6-5 1933

19. UNDERTAKER H. M. Goodding (ADDRESS) Atlanta Mo

20. FILED June 12 1933 D. A. Nichell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4-1933

22. I HEREBY CERTIFY That I attended deceased from June 4 1933 to June 4 1933
 I first saw him alive on June 4 1933. Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemerage Date of onset _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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. J. Hall, M. D.
 (Address) Atlanta Mo

