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.

SEP 26 1933

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

Do not use this space.

25658

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 780
City St. Joseph (No. 703 N 13, St. Ward)

2. FULL NAME Austin Davis
(a) Residence, No. 703- North 13th. 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 33
7. AGE YEARS — MONTHS — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Joseph Mo.

FATHER
13. NAME Paul Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kildare Texas.

MOTHER
15. MAIDEN NAME Georgerie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coolige Texas.

17. INFORMANT (ADDRESS) Paul Davis ~~[illegible]~~ 703-N. 13th.
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE Aug. 5, 33
19. UNDERTAKER (ADDRESS) Ramsey's Mortuary 9th. & Olive
20. FILED 8-5-, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 33
22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933, to Aug 4, 1933
I last saw him alive on Aug 3, 1933. Death is said to have occurred on the date stated above, at 4: P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
159 Premature Delivery	

Other contributory causes of importance:

Name of operation clinical 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? No
If so, specify
(Signed) Fenton Gordon, M. D.
(Address) 216 W Mo Ave.