

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

Do not use this space.

32443

1. PLACE OF DEATH

County Cape Girardeau
Township Hubble
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 126
Primary Registration District No. 5774B

File No. 11
Registered No. 12

2. FULL NAME

Ralph Edward Davie

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 - 1920</u>		
7. AGE YEARS <u>13</u>	MONTHS <u>2</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Boy</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1933 to Oct 5 1933
I last saw him alive on Oct 4 1933. Death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:
Septic Sore Throat
Date of onset 9-19-33

Other contributory causes of importance:
Malaria

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Cape Gir Co Mo

13. NAME Fred W. Davie

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

15. MAIDEN NAME Mary Rodgers

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

17. INFORMANT (ADDRESS)
Fred W. Davie
Chaffee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemetery DATE Oct 7 1933

19. UNDERTAKER (ADDRESS)
Leahy F & N Co
Cape Girardeau Mo

20. FILED Oct 6 1933 Newberry V Registrar

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy 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) Wm H. Burton, M. D.
(Address) Delta, Mo

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.

NOV 10 1933

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