

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

Do not use this space.

33757

67
 PLACE OF DEATH
 County Miss Registration District No. 269
 Township Ohio Primary Registration District No. 2745
 City (No. _____) St. _____ Ward _____
JAN 4 1934
 FULL NAME Cornelius Davis
 (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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 - 1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 2 17
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Miss Mo
 FATHER
 13. NAME Solonan Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francis Mo Ark
 MOTHER
 15. MAIDEN NAME Maggie Ewing
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood Misso
 17. INFORMANT (ADDRESS) Sandy S. Davis
Union Wood Wyatt Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brush Ridge DATE Oct 19 1933
 19. UNDERTAKER (ADDRESS) Leve Rue Co
Charleston Mo
 20. FILED Oct-19 1933 Q Marshall
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1933
 22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1933, to Oct 18 1933
 I last saw him alive on Oct 18 1933. Death is said to have occurred on the date stated above, at 2 P m.
 The principal cause of death and related causes of importance were as follows:
Diphtheria
 Date of onset _____
 Other contributory causes of importance:
10
10
 Name of operation none Date of _____
 What test confirmed diagnosis? clon 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 there an injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Q Marshall, M. D.
 (Address) Wyatt 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.

