MAY 5 1934

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

Do not use this space.

File No. 11910

Registered No. 108

1. PLACE OF DEATH

County: Boone

Township: Columbia

City: ..... (No. ..... St. ..... Ward)

Registration District No. 73

Primary Registration District No. 5112

2. FULL NAME: Elizabeth Bee Davis

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

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): Feb 16-1934

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): Boone Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Dysart W. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN): ?
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Bernice M. Powell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ?
(STATE OR COUNTRY): Mo.

14. INFORMANT: Dysart W. Davis
(Address): Columbia Mo.

15. FILED: 4/27/34 19..... Allie Selby
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-27-1934

17. I HEREBY CERTIFY, That I attended deceased from 4-20, 1934, to 4-27-, 1934 that I last saw h. alive on 4-26-, 1934, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Premature birth

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Hist.

(Signed) W. P. Dysart, M. D.

, 19 (Address) Columbia Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Millersburg, Mo

DATE OF BURIAL: 4-28 1934

20. UNDERTAKER: Porter F. Co. (MRS)

ADDRESS: Columbia 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.