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

Do not use this space.

17157

1. PLACE OF DEATH
County: Jasper
Township:
City: Joplin (No. ... St. ... Ward)
Registration District No.: 411
Primary Registration District No.: 2092 St. Johns Hospital
File No.:
Registered No.:

2. FULL NAME: Elmer (Crip) 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Agnes Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 3, 1892

7. AGE: Years 42 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lead & Zinc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Miner.
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): Elmira New York

FATHER
13. NAME: no record.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no record

MOTHER
15. MAIDEN NAME: no record.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Orphan since infancy

17. INFORMANT (ADDRESS): Agnes Davis Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairview DATE: 5-17-1934

19. UNDERTAKER (ADDRESS): Hurley Und Co Joplin Mo

20. FILED: 5-18, 1934 E. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-14-34

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to May 15, 1934
I last saw him alive on May 15, 1934. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonitis Pneumonia	
Acute	
Coma	20 1

Other contributory causes of importance: Crushed Chest

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? Accident Date of injury 5-11, 1934
Where did injury occur? at Mine Baxter Springs, Kan. (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Underground Zinc & Lead Mine
Manner of injury: Falling Rock
Nature of injury: Crushed Chest & Legs etc
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) ... M. D.
(Address) ...

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.

WHITE PAPER—WITH GRAYING INKS—THIS IS A PERMANENT RECORD

JUN 24 1934