

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

Do not use this space.

23551

**1. PLACE OF DEATH**

County Cape Girardeau  
Township Byrd  
City (No. \_\_\_\_\_)

Registration District No. 124  
Primary Registration District No. 5179

File No. \_\_\_\_\_  
Registered No. 33  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Montie 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 White 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) Dec. 30, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<u>75</u>	<u>6</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME H. H. Davis

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

15. MAIDEN NAME Artie Parkman

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

17. INFORMANT C. D. Pundak  
(ADDRESS) Cape Girardeau, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE County Home DATE July 24, 1934

19. UNDERTAKER Crawford Miller  
(ADDRESS) Hackney, Mo.

20. FILED 7-24-34 D. G. Suber  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934

22. I HEREBY CERTIFY that I attended deceased from July 23, 1934 to July 23, 1934  
I last saw him alive on 12/30/1923, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:  
Stroke of the brain  
High Blood Pressure

Other contributory causes of importance:  
Stroke of the brain  
High Blood Pressure  
sick only 1 hour

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) D. G. Suber M. D.  
(Address) Hackney, 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.

AUG 15 1934

