

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

Do not use this space.

1. PLACE OF DEATH

County Pettus
Township Lincoln
City (No. _____) _____

Registration District No. 72
Primary Registration District No. 5952

File No. 25997

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Alongo Fletcher 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

10. Date deceased last worked at this occupation (month and year) May 1904 11. Total time (years) spent in this occupation all

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

13. NAME Jefferson Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagner Co. Kentucky

15. MAIDEN NAME Mahila Craft

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

17. INFORMANT (ADDRESS) Stanley Davis
Unionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Champion, Mo. July 12, 1934

19. UNDERTAKER (ADDRESS) Emory, Mo.
Unionville, Mo.

20. FILED July 12, 1934 G. W. Dillier Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1934

22. I HEREBY CERTIFY That I attended deceased from Mo. Mo. 1934 to July 10, 1934

I last saw him alive on July 10, 1934 Death is said to have occurred on the date stated above, at 4:45 pm.

The principal cause of death and related causes of importance were as follows:

Pruritic hyperthyroidism
Pruritus
137
1934
1934
Other contributory causes of importance:
1934
1934

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 _____, 1934

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) J. H. Johnson M. D.

(Address) Unionville 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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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A

Putnam

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Alonzo Fletcher Davis
Who died at _____ on July 10 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 74 Months 4 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) Cystitis

Principal cause of death: Cystitis, infection of bladder resulting from chronic hypertrophy of prostate, and inability to void urine without use of catheter.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar G. W. Dillman Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 721

Very truly yours,

Primary Reg. Dist. No. 5952

E. T. McGaugh M.D.
G. E.

Special Agent.

UNITED STATES GOVERNMENT

INTERNAL SECURITY - RACIAL MATTERS

MEMORANDUM

DATE: 10/12/57

TO: SAC, NEW YORK (100-100000)

FROM: SA [Name], NEW YORK

SUBJECT: [Name], [Address], [City, State]

RE: [Name], [Address], [City, State]

5-25997

Official Record