

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.

SEP 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Henry county
Township Osage
City Paris

Registration District No. 348
Primary Registration District No. 5486

File No. 29053
Registered No. 245
St. _____ Ward _____

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 - 1934</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>1</u>	DAYS <u>1</u>
If LESS than 1 day <u>24</u> hrs. or <u>1</u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Henry Co. Missouri
(STATE OR COUNTRY)

13. NAME Harold W. Davis

14. BIRTHPLACE (CITY OR TOWN) Brownington Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Lucile Park

16. BIRTHPLACE (CITY OR TOWN) Henry Co. Missouri
(STATE OR COUNTRY)

17. INFORMANT Harold Davis
(ADDRESS) Brownington Mo # R. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Paris Mo DATE Aug 17 1934

19. UNDERTAKER C. A. Rickett
(ADDRESS) Brownington Mo.

20. FILED Aug-17 1934 C. D. Taylor, M.D.
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on Aug 16, 1934. Death is said to have occurred on the date stated above, at 2 4 m.

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

He had a medical treatment

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Other contributory causes of importance:

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) C. S. Stratton M. D.

(Address) Paris City

