

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Butler

Registration District No.

92

Township

Giles Bluff

Primary Registration District No.

5-137

City

(No.)

St.

Ward)

2. FULL NAME

Loris Odess 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

Female

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 10 - 1932

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

1

10

20

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo.

13. NAME

John W. Davis

FATHER

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

Ark.

MOTHER

15. MAIDEN NAME

Bonnie Barnes

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

Tenn.

17. INFORMANT
(ADDRESS)Mrs. W. Davis
Julie Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Julie

DATE

Oct 1

1934

19. UNDERTAKER

(ADDRESS)

Lauders & Son
Campbell

20. FILED 10-10

19 34

Beatt Carroll

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 30 1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 20 1934 to Sept 30 1934

I last saw him/her alive on Sept 29 1934

Death is said to have occurred on the date stated above, at 2: P. m.

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

Typhoid fever

Date of onset

Other contributory causes of importance:

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? 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)

John S. Brown

, M. D.

(Address)

Campbell 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.

WRITE PLAINLY, WITH UNFADING INK IN THIS SPACE

