

MAR 28 1936

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

Do not use this space.

6975

1. PLACE OF DEATH *New Madrid Co*  
 County *Portageville* Registration District No. *607*  
 Township *Portage* Primary Registration District No. *3806*  
 City (No. St. Ward)

2. FULL NAME *John Henry 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)

File No. *58-12*  
 Registered No.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Anna Davis</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>2-1-1890</i>		
7. AGE <i>46</i>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	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 occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Holcomb Mo</i>		
FATHER	13. NAME <i>William Davis</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn</i>	
	15. MAIDEN NAME <i>Mattie Swafford</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La</i>	
	17. INFORMANT (ADDRESS) <i>Duke Davis Portageville Mo</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Portageville 2-8-36</i>	
19. UNDERTAKER (ADDRESS) <i>R. M. Payne Portageville Mo</i>		
20. FILED <i>Mar 20 1936</i> <i>May W. Cook</i> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 8*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 2-5*, 19*36*, to *Feb 6*, 19*36*  
 I last saw him alive on *Feb 6*, 19*36* Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
*Bronchopneumonia*  
 Date of onset *2-2-36*

Other contributory causes of importance:  
*Influenza* *1-30-36*

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? *no*  
 If so, specify.....  
 (Signed) *John Kellison*, M. D.  
 (Address) *Portageville 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.

