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

Do not use this space.

31311

SEP 24 1936

1. PLACE OF DEATH
County: Jasper — Registration District No.: 408
Township: — — Primary Registration District No.: 3020
City: Carthage (No. ..... St. ..... Ward)

File No.:
Registered No.:

2. FULL NAME: Leslie L. Davis

(a) Residence, No.: 120 Clinton 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Elizabeth Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 1, 1880

7. AGE: Years 56 | Months 0 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor
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): Sarcoxie Missouri

FATHER
13. NAME: J. H. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cleveland Tennessee

MOTHER
15. MAIDEN NAME: Catherine Faris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweet Springs Missouri

17. INFORMANT: Mrs. Elizabeth Davis
(ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sarcoxie Cem. DATE: Aug 6 1936

19. UNDERTAKER: Kneal Mallory
(ADDRESS) Carthage, Missouri

20. FILED: Aug 6 1936 L. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to Aug 4, 1936
I last saw him alive on Aug 4, 1936. Death is said to have occurred on the date stated above at 2:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiogenic carcinoma right mediastinum c metastatic in brain	Jan 1936

Other contributory causes of importance: none

Name of operation: Removal brain tumor Date of: Nov 25
What test confirmed diagnosis? Slide Path Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) H. A. La Force, M. D.
(Address) Carthage 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.