

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

Do not use this space.

36448-1

DEC 30 1936

**1. PLACE OF DEATH**

County Taney  
Township Blower  
City Hollister (No. ....)

Registration District No. 959  
Primary Registration District No. 6130

File No. 33  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Betty Joe 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
1 3 21

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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hollister Mo

13. NAME Herbert Davis

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

15. MAIDEN NAME Sida Belle Young

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

17. INFORMANT (ADDRESS) Herbert Davis Hollister Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hollers Knob DATE 9/10 1936

19. UNDERTAKER (ADDRESS) None

20. FILED 11/14 1936 John H. Baxter Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1936 to Sept 9 1936  
I last saw her alive on Sept 9 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 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) D. R. Parnish Dr.  
(Address) Paide Springs Mo. Mr. B.

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

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.

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible typed text]

[Illegible typed text]