NOV 28 1936

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

Do not use this space.

File No. 41057

Registered No. 266

1. PLACE OF DEATH
County Henry
Township Osage
City
Registration District No. 348
Primary Registration District No. 5486
(No. , St. Ward)

2. FULL NAME Bobbie Raymond 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 Male
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) Nov-8-1936

7. AGE — YEARS x — MONTHS x — DAYS 1-21 hrs — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Brownington
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Harold Davis
14. BIRTHPLACE (CITY OR TOWN) Henry Co
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Cecile Park
16. BIRTHPLACE (CITY OR TOWN) Henry Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Harold Davis
(ADDRESS) Brownington Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parks Grove Cem. DATE Nov 11 1936

19. UNDERTAKER Chas. A. Rickett
(ADDRESS) Brownington, Mo.

20. FILED 11-11 1936 C. D. Taylor M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1936, to Nov 10, 1936
I last saw him alive on Nov 8, 1936. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows: Date of onset

Malformation of the Heart

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. D. Taylor, M. D.
(Address) Brownington, 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.