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.

DEC 18 1936

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

Do not use this space.

41638

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Galena — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 1120 Hill Street St. Ward)

2. FULL NAME Pierce H. Davis
(a) Residence, No. 1120 Hill St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1885

7. AGE — YEARS 51 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Washington Arkansas

FATHER
13. NAME Ben Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

MOTHER
15. MAIDEN NAME Hannah Wilder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

17. INFORMANT (ADDRESS) Susie Davis 1120 Hill St. Joplin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Parkway Cem. Joplin DATE Dec. 2, 1936

19. UNDERTAKER (ADDRESS) Langdon Mortuary 1502 Joplin St. Joplin Mo.

20. FILED 12-2 1936 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to Nov 29, 1936, I last saw him alive on Nov 29, 1936. Death is said to have occurred on the date stated above, at 4:15 p. m.
The principal cause of death and related causes of importance were as follows:

Broken R Hip
Cancer
at Break of Hip

Date of onset

Other contributory causes of importance:

Name of operation Hip Date of June 9/36
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? Accn Date of injury June 8, 1936
Where did injury occur? June 8 - 36 - Joplin (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury as stated - fall
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W H Brookshire, M. D.
(Address) Joplin Mo