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.

JAN 19 1937

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

Do not use this space.

44942

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5525
Township Raw — Primary Registration District No. 1002 — Registered No. 3rd
City R. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME David Davis
(a) Residence, No. 1819 Paseo St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dolores Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-25-1909
7. AGE YEARS 27 MONTHS 8 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bell Boy
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) Mo.

FATHER
13. NAME Pete Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

17. INFORMANT (ADDRESS) Record Clerk Mrs Dorothy Davis
18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo DATE 12-23-36
19. UNDERTAKER (ADDRESS) [illegible]
20. FILED Dec 23 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1936
22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1936, to 12-22, 1936
I last saw him alive on 12-22, 1936 Death is said to have occurred on the date stated above, at 10 25 A.M.
The principal cause of death and related causes of importance were as follows:
Septic Pyelitis secondary to Urethral Stricture (G.C. in origin) with Perineal Extravasation — Date of onset
Other contributory causes of importance: Acute Pneumonic Phthisis
Name of operation Clinical 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? No
If so, specify
(Signed) [illegible], M. D.
(Address) General Hosp. #2