

JAN 9 1937

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

Do not use this space.

45327

103

1. PLACE OF DEATH

County Lopprette  
Township Livingston  
City Livingston (No. ....)

Registration District No. 461  
Primary Registration District No. 3024

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

Infant son of Mrs. & Mrs. Garrett M. 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 <u>Ma.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 15-1936</u>		
7. AGE	YEARS	MONTHS
<u>—</u>	<u>—</u>	<u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
10. Date deceased last worked at this occupation (month and year) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>

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

13. NAME Garrett M. Davis

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

15. MAIDEN NAME Burkie Coleman

16. BIRTHPLACE (CITY OR TOWN) Blackburn (STATE OR COUNTRY) Mo.

17. INFORMANT Garrett M. Davis (ADDRESS) Livingston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Livingston, Mo. DATE Dec. 15-1936

19. UNDERTAKER Whitelee (ADDRESS) Livingston, Mo.

20. FILED Dec 15 1936 Faye B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15-1936

22. I HEREBY CERTIFY That I attended deceased from Dec 15-1936, 19...  
I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Premature birth to me

Other contributory causes of importance:  
MA

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) W. H. Pedersen, M. D.  
(Address) Livingston, 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.

