



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

Do not use this space.

APR 20 1937

1. PLACE OF DEATH
 County Howell Registration District No. 387
 Township Dry Creek Primary Registration District No. 5540
 City (No.) St. Ward

File No. _____
 Registered No. _____

2. FULL NAME James Clinton Bradford 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1970

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 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. Physician

10. Date deceased last worked at this occupation (month and year) Date of Death 11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co. Mo.

13. NAME James Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Para Lee Reddin

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

17. INFORMANT (ADDRESS) Mrs. Dr. J. C. B. Davis Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs, Mo. City Cemetery DATE Feb. 5, 1937

19. UNDERTAKER (ADDRESS) Burns & Son Willow Springs, Mo.

20. FILED 3/23 1937 Dora Cage Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

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? Homicide Date of injury 1-26, 1937

Where did injury occur? 4 Mi. North of Olden (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On farmland owned by Clarkson-Evans

Manner of injury Bullets shot from 25c. Gun

Nature of injury Wounds in back, breast & head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Mayme C. Thornburgh, Coroner

(Address) West Plains, 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.

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