MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH
10 County Boone — Registration District No. 73 — File No. 15674
3 Township — Primary Registration District No. 3006 — Registered No. 108
8 City Columbia (No. Noyes Hospital 1 St. Ward)

2. FULL NAME Ira Lee Davis
(a) Residence, No. 1119 1/2 Mares 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 Mary Frances Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1873

7. AGE: 27 — YEARS 64 — MONTHS 0 — DAYS 28 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
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) Monroe County Missouri

FATHER
13. NAME William Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Missouri

MOTHER
15. MAIDEN NAME Martha C. Bybee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Vencil Davis Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 4-11 1937

19. UNDERTAKER (ADDRESS) Parker Furniture C. Columbia, Mo

20. FILED 4/10/ 1937 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1937 to 4-9, 1937
I last saw h. ~~in~~ alive on 4-9, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Empyema of the Gall bladder — Date of onset
126
Other contributory causes of importance:
Common duct obstruction due to stone
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) [signature], M. D.
(Address) Columbia

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.