

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH
12 County Butler Registration District No. 89
2 Township Poplar Bluff Primary Registration District No. 3007
7 City Poplar Bluff Mo. (No. 7) Registered No. 19580
St. 140 Ward)

2. FULL NAME Baby Davis
(a) Residence, No. 315 Short Fifth St., St. 1 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Poplar Bluff, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Bernard Davis

14. BIRTHPLACE (CITY OR TOWN) Neelyville, Missouri,
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Roberta Webster

16. BIRTHPLACE (CITY OR TOWN) Harris Berg
(STATE OR COUNTRY) Ark.

17. INFORMANT Bernard Davis
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Neelyville DATE 5-28 1937

19. UNDERTAKER Frank Und. Co
(ADDRESS) Poplar Bluff, Mo.

20. FILED 5/28 1937 W. H. Utzinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1937, to 5-28, 1937

I last saw h. alive on, 1937. Death is said to have occurred on the date stated above, at St. Louis m.

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

Stillborn Date of onset

Other contributory causes of importance:

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, 1937

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? Yes
If so, specify

(Signed) W. H. Utzinger, M. D.
(Address) Poplar Bluff, Mo.

