JUL 27 1937

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

Do not use this space.

File No. 23508

Registered No. 180

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson City. (No. , St. Ward)

2. FULL NAME Henry Davis-#38352. Missouri State Penitentiary.

(a) Residence, No. Jefferson City, Missouri. 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Unknown.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1896

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
41	34	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction.

10. Date deceased last worked at this occupation (month and year) Unknown.

11. Total time (years) spent in this occupation Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

FATHER

13. NAME Unknown.

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

MOTHER

15. MAIDEN NAME Unknown.

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

17. INFORMANT Mo. State Pen.
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkville Mo. DATE 6/3 1937

19. UNDERTAKER Thorne & Gordon [illegible]
(ADDRESS) Jefferson City, Mo.

20. FILED 6-3- 1937 [illegible] M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937 to June 3, 1937

I last saw him alive on June 3, 1937. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

	Date of onset
Pulmonary Tuberculosis	Unkn

Other contributory causes of importance:

Name of operation None Date of - - -

What test confirmed diagnosis? X-ray 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) [illegible], M. D.

(Address) Prison Physician, Jefferson City, 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.