DEC'L MAR 21 1938

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

Do not use this space.

2/1

1. PLACE OF DEATH
County Mississippi
Township Twopsetty
City Charleston (No. ..... St. ..... Ward)

67

Registration District No. 566
Primary Registration District No. 5762

File No. 7469
Registered No. 21.

2. FULL NAME Lee Davis 120
(a) Residence, No. RFD #1 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At house
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo 9

FATHER
13. NAME James Davis 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Roberta Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Raymond Burton RFD #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dark Cemetery DATE Feb. 19, 1938

19. UNDERTAKER (ADDRESS) Frank Fair Funeral Service Charleston Mo

20. FILED 2-19- 1938 F D Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 9:30 P.M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Did not have doctor, 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:30 p m.
The principal cause of death and related causes of importance were as follows:

Mal nutrition. from family history with Bronchopneumonia

N.M.D.

Date of onset

Other contributory causes of importance: 107a

Name of operation None Date of .....
What test confirmed diagnosis Family History 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) F D Vernon Coroner 4, M. D.
(Address) Charleston Mo 500

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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