

SEP 27 1938

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

Do not use this space.

29565

1. PLACE OF DEATH

72 County *New Madrid*  
Township *Portageville*  
City *Portageville*

Registration District No. *607*  
Primary Registration District No. *4361*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Vallie Davis*

*120*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred *9* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 29 - 1914*

7. AGE YEARS *24* MONTHS *5* DAYS *17* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) *Lynn, Tenn.*

13. NAME *Charley Wilkins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lynn, Tenn.*

15. MAIDEN NAME *Maggie Wood*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lynn, Tenn.*

17. INFORMANT (ADDRESS) *Maggie Wood*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Madrid* DATE *Aug 19 38*

19. UNDERTAKER (ADDRESS) *None*

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 16*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ Death is said to have occurred on the date stated above, at *10:30 P.* m.

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

*Gunshot wound*

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? \_\_\_\_\_ Date of injury *Aug 16*, 19*38*

Where did injury occur? *Portageville, Mo* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *public road*

Manner of injury *shot with pistol*

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

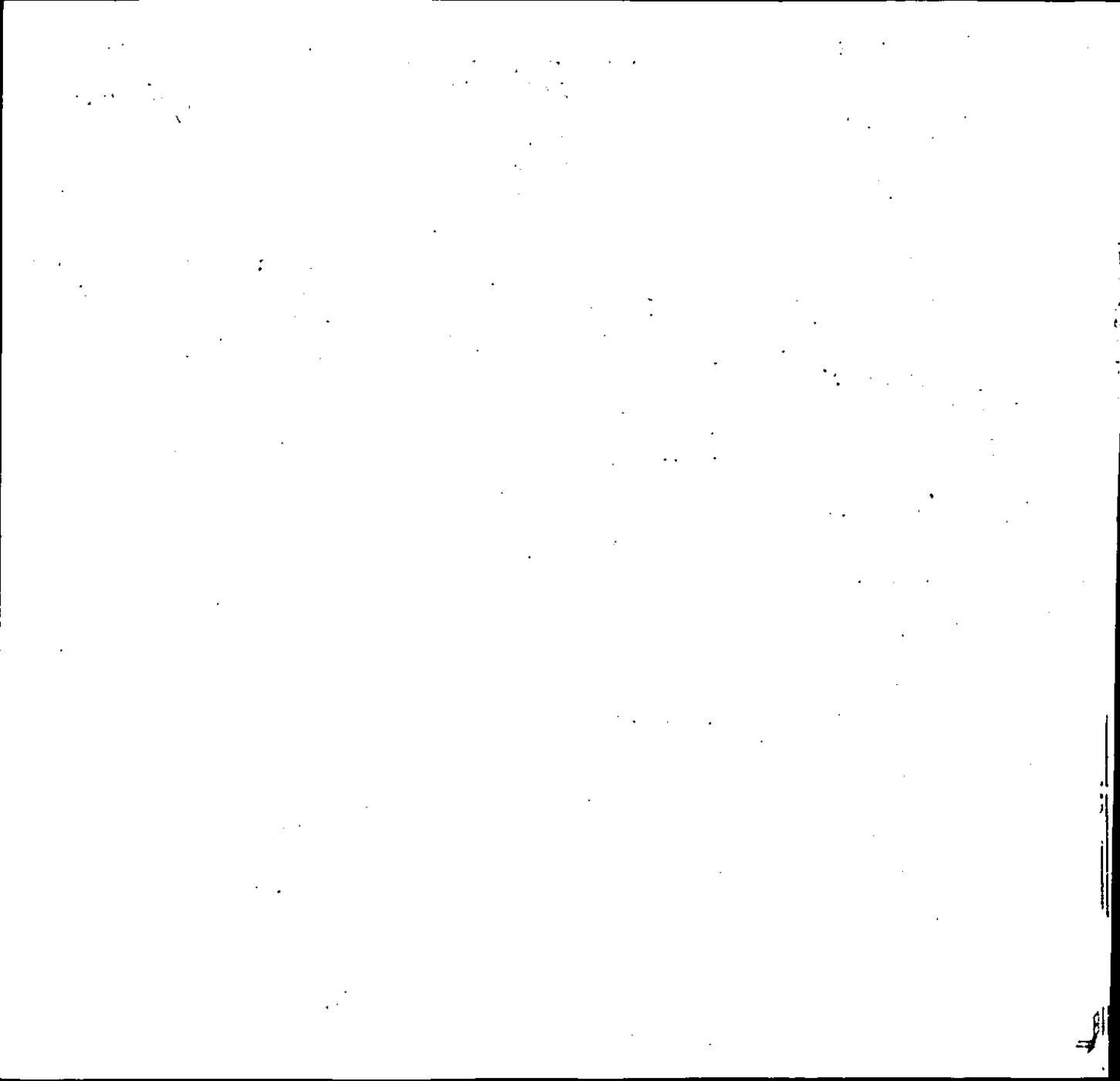
If so, specify \_\_\_\_\_ (Signed) *Richard J. Jones* M.D.

(Address) *New Madrid*

OCCUPATION

FATHER

MOTHER



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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29565-  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607  
 (b) Township Partagville Primary Registration District No. 4361  
 (c) City Partagville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 66

2. PRINT FULL NAME Vale Davis

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louney Davis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-29-1914  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 5 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_.  
 The principal cause of death and related causes of importance were as follows:

gunshot wound  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
 FATHER 13. NAME Charley Williams  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
 MOTHER 15. MAIDEN NAME Maggie Wood  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
 17. INFORMANT (ADDRESS) Maggie Wood  
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid DATE Aug 19, 1938  
 19. FUNERAL DIRECTOR (ADDRESS) none  
 20. FILED D-8 1938 Mary W. Cook Local Registrar.

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 homicide Date of injury Aug 16, 1938  
 Where did injury occur? Partagville, Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Road  
 Manner of injury shot with pistol  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) L. A. Richards  
 (Address) New Madrid Mo

