

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.

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

Do not use this space.

RECD MAY 19 1939

16259

1. PLACE OF DEATH

County Scotland
Township Harrison
City Gorin (No. 128)

Registration District No. 809

Primary Registration District No. H487

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(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.

Harry Ewing Davis
Gorin Mo Ward.

(If nonresident, give city or town and State)

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

Alma Davis

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

Oct 29 - 1885

7. AGE

YEARS 53

MONTHS 4

DAYS 2

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Day laborer and tree doctor

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) Jan 16 - 1939

11. Total time (years) spent in this occupation

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

Scotland Co. Mo

13. NAME

Nicholas Davis

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

Mo.

15. MAIDEN NAME

Hettie Ewing

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

Union Co. Mo

17. INFORMANT (ADDRESS)

S. R. Miller Gorin, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Gorin

DATE

Apr 2 1939

19. UNDERTAKER (ADDRESS)

Wm H. Shacklett Gorin Mo

20. FILED

April 6 1939 Wm Richard Shacklett Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr 1 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 18 1939, to April 1st 1939

I last saw him alive on Mar 22 1939. Death is said

to have occurred on the date stated above, at 8:30 a. m.

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

Fracture of spine and 4 ribs, resulting from a fall from a tree

Date of onset

Other contributory causes of importance:

186"

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? Accident Date of injury Jan 16, 1939

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

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

Manner of injury

Fall from tree

Nature of injury

Fr of spine & ribs

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

If so, specify Professional tree doctor

(Signed) E. E. Symmonds, M.D.

(Address) Memphis, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-941

Date Filed MAY 9 1938