

DEC 12 1939

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

40270
Do not use this space.

1. PLACE OF DEATH
 (a) County Mississippi Registration District No. 276
 (b) Township Wyanntown Primary Registration District No. 3030
 (c) City Charleston (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.

2. PRINT FULL NAME Thornton Jack Davis
 (a) Residence, No. Charleston, Mo 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 Male 4. COLOR OR RACE color 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>37</u>	<u>9</u>	<u>3</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Day Laborer
 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) Macon, Mississippi

FATHER
 13. NAME Dont Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Carrie Davis
Charleston Mo R#2 Box

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove DATE 11/12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lair-Nunnelce
Charleston, Mo

20. FILED 11-14-1939 J. A. Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/11/1939

22. I HEREBY CERTIFY, That I attended deceased from Inquest to _____, 19____.

I last saw h. _____ on _____, 19____. Death is said to have occurred on the date stated above, at 3:45pm

The principal cause of death and related causes of importance were as follows:
He was stabbed in chest & body by pocket knife. Had two major slits. Near heart & lungs.

Other contributory causes of importance: 194

Name of operation None Date of _____
 What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 11/11, 1939
 Where did injury occur? Charleston Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Knife Stabs
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Frank A. Vernon M.D.
 (Address) Charleston Emmer

WHILE PLAINLY, WITH OBTAINING INTERESTS 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.

I X 1003

RECEIVED

District Health Officer No. 2,

District File Number

1239-268

Date Filed

12-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.