

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

2186
Do not use this space.

1. PLACE OF DEATH
 (a) County Crawford Registration District No. 1117
 (b) Township Osage Primary Registration District No. 5317
 (c) City Davisville (d) Street No. _____ St. _____
 (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
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
Lytle Lee Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1939

7. AGE YEARS _____ MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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. None

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) Davisville, Mo. Crawford Co.

FATHER

13. NAME Roy Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davisville, Mo. Crawford Co.

MOTHER

15. MAIDEN NAME Fannie Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steubille, Mo. Crawford Co.

17. INFORMANT (ADDRESS) Fannie Davis Davisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jurnbaugh **DATE** 1-14-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. Jones Steubille, Mo.

20. FILED 1-18 1940 E. F. Felts Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1940, to 1-13, 1940

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:
Death sudden, probably due to pneumonia, hemorrhage, 7-25 physician in attendance

Other contributory causes of importance:
None

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? _____ **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) R. G. Parker, M. D.
211 (Address) Steubille, 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.

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.

RECEIVED

District Health Officer No. 5,

District File Number *248227*

21450

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.