

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

39625
Do not use this space.

FILED DEC 14 1942

1. PLACE OF DEATH
 (a) County St. Clair Registration District No. 769
 (b) Township St. Pauline Primary Registration District No. 6013- Registered No. 5-
 (c) City St. Louis or St. Louis 3 (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 Burl Daniel 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 ♂ 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 Henrietta Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day	hrs.	min.
<u>66</u>	<u>11</u>	<u>24</u>	<u>5</u>			

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 499-09-55

9. Industry or business in which work was done, as saw mill, bank, etc. Logger

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation W 1 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jabersville, Missouri

MOTHER FATHER

13. NAME Parma Davis

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

15. MAIDEN NAME Julia Coole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co Missouri

17. INFORMANT (ADDRESS) Oren Davis Tiffin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwards Springs 11-27-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. Beasly Tiffin Mo

20. FILED Nov 30 1942 Mrs. G. W. Richardson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24 1940

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 10 A. m.
 The principal cause of death and related causes of importance were as follows:
He was thrown from a log skid while operating in acid filled instantly. No injury necessary.

Other contributory causes of importance:
The log sawing men south of his track were heavy machinery.
Chloroform

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 10-24-1940
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
On Public Road

Manner of injury _____
 Nature of injury Skull crushed

24. Was disease or injury in any way related to occupation of deceased? ✓
 If so, specify _____
 (Signed) Chas. H. Corcoran, M.D.
 (Address) Escorial 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.

RECEIVED
District Health Officer No. 7,
District File Number 12-40-1712
Date Filed 12-5-40

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 J. B. Beadrich
Licensed Embalmer No. 3038
P. O. Address Osage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.

is social security
number was 499-09-5877
was on WPA road
work but hadn't worked
since April 5th 1940. He
on county work
and killed

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39625

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 769

Primary Registration District No. 6015-

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Spearswell T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Tiffin
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Burl Daniel Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 24 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-27-40 (Date received local registrar) (b) Mr. J. H. Richardson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: thrown from a road grade while operating pit and filled instantly no inquest necessary

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signatur D. S. Hull (D. of Doctor)
Address Osceola (Date signed)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

61734