

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

Do not use this space.

34243

1. PLACE OF DEATH

County Henry
Township
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 97
St. Ward

2. FULL NAME

Horace Henry Davis
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/30/1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5-2 8 3

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

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) Higginsville Mo

13. NAME Harry Davis

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Josephine Davis Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo DATE 10/4 1931

19. UNDERTAKER (ADDRESS) W. J. Sins Clinton, Mo.

20. FILED 10/5 19 31 Ed C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/30, 1931, to 10/3, 1931

I last saw him alive on 10/3, 1931. Death is said to have occurred on the date stated above, at 5 P.M.

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

Septicaemia
33-50
6-11

Date of onset
10
ds

Other contributory causes of importance:
Overworked infection

Name of operation no Date of

What test confirmed diagnosis blood smears 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 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

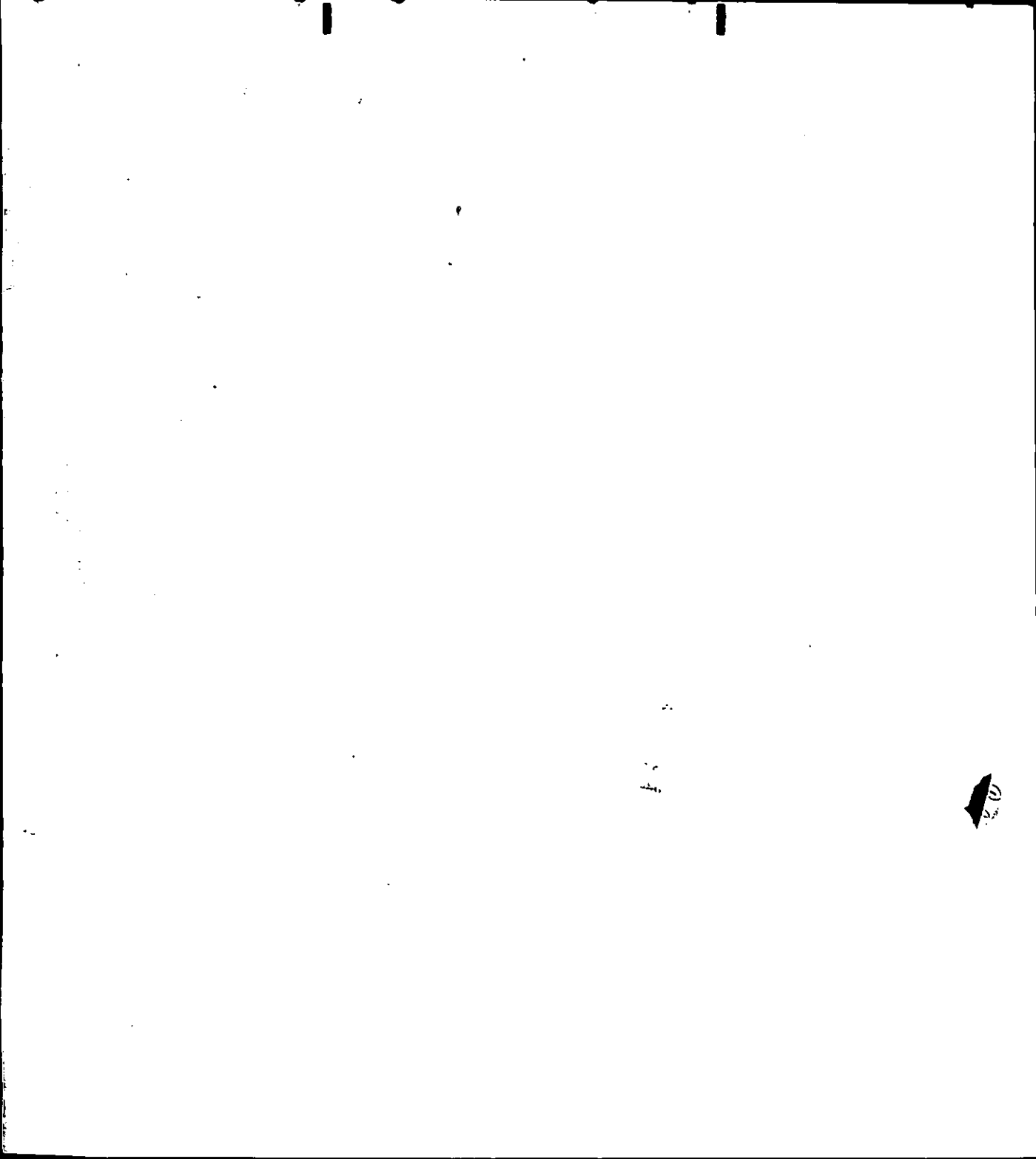
24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ed C. Peelor, M. D.
(Address) Clinton, Mo

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.

NOV 24 1931



DR. EDWIN C. PEELOR
CENTON, MISSOURI

10/31/31.

State Register
Jefferson City, Mo.

Dear Sir:-

Enclosed find
death certificate of Horace
Henry Davis. Please change
name from Harris Henry to
Horace Henry Davis.
Dr. E. C. Peelor

S-34243