

REC'D FEB 23 1939

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

Do not use this space.

2444

PLACE OF DEATH

County *Henry*Registration District No. *347*Township *1*Primary Registration District No. *3018*City *Clinton*(No. *1*)

St.

Ward)

2. FULL NAME

(a) Residence, No. *3 miles - S. of Clinton, Hi. 13*

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

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

Child

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

Dec. 23, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*1**1*

OCCUPATION

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

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

Child

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

Clinton, Mo.

FATHER

13. NAME

Rufus Davenport

MOTHER

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

9

15. MAIDEN NAME

Floretta Johnson

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

9

17. INFORMANT (ADDRESS)

Rufus Davenport

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Colored Cemetery* DATE *Jan. 24, 1939*

19. UNDERTAKER (ADDRESS)

Spartan Co. Clinton, Mo.

20. FILED

*1-28**1939**D. J. B. Hampton Registrar*

MEDICAL CERTIFICATE OF DEATH

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

1-24-39

22. I HEREBY CERTIFY, That I attended deceased from

*to death*I last saw him alive on *Jan 24, 1939* Death is saidto have occurred on the date stated above, at *1 A* m.

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

Death due to natural causes apparently died unattended. History would suggest pneumonia

Date of onset

Other contributory causes of importance:

*200 ft*Name of operation *none*

Date of

What test confirmed diagnosis *examined* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *no* Date of injury

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? *no*

If so, specify

(Signed)

S. B. Hughes

(Address)

Cornell Hill Co. Clinton, 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 7-39-2

Date Filed 2-7-39