

**FEDERAL BUREAU OF INVESTIGATION
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

14854

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Rau Primary Registration District No. _____
 City Rausas City (No. 100) (Name of the District) (Ward _____)

File No. _____
 Registered No. 2256
 St. _____ (Ward _____)

2. FULL NAME William W. Davis

(a) Residence No. 613-W-75 St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
84 | 9 | 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Newspaper
 (b) General nature of industry, business, or establishment in which employed (or employer) Self.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Detroit (STATE OR COUNTRY) Mich

10. NAME OF FATHER Patrick Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wales. (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Elyzeth Wynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Spain (STATE OR COUNTRY) _____

14. INFORMANT L. M. Davis (Address) 613-W-75

15. FILED 5/19, 1924 m.m. Crowe 1924 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1924

I HEREBY CERTIFY, That I attended deceased from May 10 1924 to May 17 1924 that I last saw him alive on May 17 1924 and that death occurred, on the date stated above, at 1:20 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Urinary / 35

CONTRIBUTORY (SECONDARY) Hypertrophy of Prostate (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Home

DID AN OPERATION PRECEDE DEATH: yes DATE OF May 6/

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS: Operation etc (Signed) H. J. ... M. D. 5/18, 1924 (Address) Parrets Park

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys Cem DATE OF BURIAL May 20 1924

20. UNDERTAKER R. W. Hudson ADDRESS City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

vised United States Standard Certificate of Death

oved by U. S. Census and American Public Health
Association.)

Statement of Occupation.—Precise statement of
pation is very important, so that the relative
fulness of various pursuits can be known. The
tion applies to each and every person, irrespec-
of age. For many occupations a single word or
on the first line will be sufficient, e. g., *Farmer or*
ter, Physician, Composer, Architect, Locomo-
Engineer, Civil Engineer, Stationary Fireman, etc.
in many cases, especially in industrial employ-
s, it is necessary to know (a) the kind of work
also (b) the nature of the business or industry,
therefore an additional line is provided for the
r statement; it should be used only when needed.
amples: (a) *Spinner, (b) Cotton mill; (a) Sales-*
(b) Grocery; (a) Foreman, (b) Automobile fac-

The material worked on may form part of the
id statement. Never return "Laborer," "Fore-
" "Manager," "Dealer," etc., without more
se specification, as *Day laborer, Farm laborer,*
er—Coal mine, etc. Women at home, who are
ged in the duties of the household only (not paid
keepers who receive a definite salary), may be
bd as *Housewife, Housework* or *At home,* and
en, not gainfully employed, as *At school* or *At*

Care should be taken to report specifically
occupations of persons engaged in domestic
e for wages, as *Servant, Cook, Housemaid, etc.*
occupation has been changed or given up on
it of the DISEASE CAUSING DEATH, state occu-
at beginning of illness. If retired from busi-
hat fact may be indicated thus: *Farmer (re-*
l yrs.) For persons who have no occupation
ver, write *None.*

atement of Cause of Death.—Name, first,
EASE CAUSING DEATH (the primary affection
spect to time and causation), using always the
cepted term for the same disease. Examples:
spinal fever (the only definite synonym is
smic cerebrospinal meningitis"); *Diphtheria*
use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-*
pneumonia ("Pneumonia," unqualified, is indefinite);
Tuberculosis of lungs, meninges, peritoneum, etc.,
Carcinoma, Sarcoma, etc., of (name ori-
gin; "Cancer" is less definite; avoid use of "Tumor"
for malignant neoplasma); *Measles, Whooping cough;*
Chronic valvular heart disease; Chronic interstitial
nephritis, etc. The contributory (secondary or in-
tercurrent) affection need not be stated unless im-
portant. Example: *Measles* (disease causing death),
29 ds.; *Bronchopneumonia* (secondary), 10 ds.
Never report mere symptoms or terminal conditions,
such as "Asthenia," "Anemia" (merely symptom-
atic), "Atrophy," "Collapse," "Coma," "Convul-
sions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Hem-
orrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uremia," "Weakness," etc., when a
definite disease can be ascertained as the cause.
Always qualify all diseases resulting from child-
birth or miscarriage, as "PUERPERAL *septicemia,*"
"PUERPERAL *peritonitis,*" etc. State cause for
which surgical operation was undertaken. For
VIOLENT DEATHS state MEANS OF INJURY and qualify
as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as
probably such, if impossible to determine definitely.
Examples: *Accidental drowning; struck by rail-*
way train—accident; Revolver wound of head—
homicide; Poisoned by carbolic acid—probably suicide.
The nature of the injury, as fracture of skull, and
consequences (e. g., *sepsis, tetanus*), may be stated
under the head of "Contributory." (Recommendations
on statement of cause of death approved by
Committee on Nomenclature of the American
Medical Association.)

NOTE.—Individual offices may add to above list of undesir-
able terms and refuse to accept certificates containing them.
Thus the form in use in New York City states: "Certificates
will be returned for additional information which give any of
the following diseases, without explanation, as the sole cause
of death: Abortion, cellulitis, childbirth, convulsions, hemor-
rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage,
necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus."
But general adoption of the minimum list suggested will work
vast improvement, and its scope can be extended at a later
date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

Do not use this space.