

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

Do not use this space.

27201

1. PLACE OF DEATH

County Jackson Registration District No. 399
Towash St. Louis Primary Registration District No. 1002
City St. Louis (No. Reservoir Hoop)

File No. _____
Registered No. 3459
St. _____ Ward _____

2. FULL NAME

(a) Residence John Z Davis No. 1416 8 8th St. W Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. _____ How long in U.S., if of foreign birth? yrs. mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24th 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 7 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at school
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Boston (STATE OR COUNTRY) Ma

10. NAME OF FATHER Frank P Davis

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

12. MAIDEN NAME OF MOTHER Mar Cochran

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boston Ma

14. INFORMANT Emo Mar C Davis (Address) 1416 8 8th St

15. FILED 9/9 27 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/7/27 19 27

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 1927, to Sept 6 1927 that I last saw deceased alive on Sept 6 1927, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicaemia -
151B
1.54
36 (duration) yrs. mos. 2 ds.
CONTRIBUTORY Osteomyelitis of left tibia (SECONDARY)
from boil on knee (duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy & laboratory (Signed) A C Laman M. D.

9/8, 1927 (Address) 915 Argyle Bldg
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fondill Santhron DATE OF BURIAL 9/10/27 19 27

20. UNDERTAKER H. F. Mayberry & Co ADDRESS City

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.

Dr La Mar

915 Argyle

Friedrich

Dr. La Mar.