NOV 29 1927

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

Do not use this space.

31456

File No. 382

Registered No.

1. PLACE OF DEATH

County: St. Louis

Township: Carondelet

City: Koch Mo. (No. ..., ... St. ... Ward)

Registration District No. 1129

Primary Registration District No. 6248 B

Hock Hosp (31)

2. FULL NAME: William Davis

(a) Residence. No. 1419 O'Fallon St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	45	2	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peconic, Long Island

PARENTS

10. NAME OF FATHER: Henry James Davis

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

12. MAIDEN NAME OF MOTHER: Divine (Unknown)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Hospital Records
(Address): Koch Mo.

15. Oct. 31 FILED, 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19 27, to Oct. 30 1927 that I last saw him alive on Oct. 30 1927, and that death occurred, on the date stated above, at 8:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

31 23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Unknown

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum

(Signed) R. L. Ehrlich, M. D.
10/30/27 (Address) Koch Hospital

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood

DATE OF BURIAL: Nov. 3 1927

20. UNDERTAKER: A. L. Beal

ADDRESS: 2726 Lucas

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.