

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

Do not use this space.

3359

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1963  
 City St. Louis (No. 3447, Paul St) St. \_\_\_\_\_ Ward)

File No. F 387  
 Registered No. 387

**2. FULL NAME**

Henry G. Davis  
 (a) Residence. No. 2722 Sawton St. 27 Ward.  
 (Usual place of abode)  
 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 male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-25-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 | 11 | | |

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work R.R. Porter  
 (b) General nature of industry, business, or establishment in which employed (or employer) 186A 194E  
 (c) Name of employer 72A

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida

10. NAME OF FATHER Frank Davis

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

12. MAIDEN NAME OF MOTHER Kate Richardson

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

14. INFORMANT Florence R. Davis  
 (Address) 2722 Sawton Ave

15. FILED 27 1928 Max C. Starkey  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1928, to Jan 25th, 1928, that I last saw deceased alive on Jan 25th, 1928, and that death occurred, on the date stated above, at 5:00 am.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Paralytic Strains Comp of Obstruction to spleen & sigmoid areas of descending colon (post-operative) (duration) yrs. mos. H. da.

CONTRIBUTORY (SECONDARY) Fracture of femur under a full anesthetic (duration) yrs. mos. H. da.

18. WHERE WAS DISEASE CONTRACTED Accident  
 IF NOT AT PLACE OF DEATH, DATE OF 1/21/28

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/21/28  
 WAS THERE AN AUTOPSY? Yes

WHAT BEST CONFIRMED DIAGNOSIS? above findings  
 (Signed) St. P. Reed Hunt M. D.

(Address) 20389 Newark St  
 \*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 St. Peters Cem. DATE OF BURIAL 1-28 1928

20. UNDERTAKER Alt Russell and Co. ADDRESS 2732 Pine

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.

RECORD THIS IS A PERMANENT RECORD

