

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

Do not use this space.

6897

1. PLACE OF DEATH

County..... Registration District No.
 Township..... Primary Registration District No.
 City St. Louis (No. 3425 Minnehaha) St. Ward

File No.
 Registered No. 1860

2. FULL NAME

James H. Davis
 (a) Residence No. 3425 Minnehaha St. 16 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>11</u>	<u>22</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work C.P. Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Lechich Lee & Co.

9. BIRTHPLACE (CITY OR TOWN) St. Charles
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henry Davis

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

12. MAIDEN NAME OF MOTHER Martha Midellberger

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

14. INFORMANT Virginia Davis
 (Address) 3425 Minnehaha

15. FILED FEB 20 1923 maurice Staroboff
 19... REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928
 17. I HEREBY CERTIFY That I attended deceased from Sept 17 19... to Feb 15 19... that I last saw him alive on Feb 15 19... and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Disease of Heart
131
9247
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 129 W
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Frank R. Kelly M. D.
420 1928 (Address) 3600 S. 3rd 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 Cobourg DATE OF BURIAL 2/21 1928

20. UNDERTAKER Arthur Kelly ADDRESS 1524 Easton

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.

3819