

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

Do not use this space.

22669

1. PLACE OF DEATH

County..... Registration District No. *4077*
 Township..... Primary Registration District No. *22*
 City *St. Louis* (No. *City No. 22*) St. *6971* Ward

2. FULL NAME

James Davis
 (a) Residence No. *1215 N. 13* St. *25* Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *(Col)* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *(write the word)* *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 1907*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *abt. 21*

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 employee)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hyde Park Miss.*

10. NAME OF FATHER *Taylor Davis*

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

12. MAIDEN NAME OF MOTHER *Katie Wafford*

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

14. INFORMANT (Address) *Taylor Davis 1215 N. 13 St.*

15. FILED *JUL -5 1928* *Max C. Starnitz* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 30 1928*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at *11:50* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Gun Shot Wound Abdomen
173

CONTRIBUTORY (SECONDARY) *Justifiable* (duration) mos. ds. *Homicide*

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY..... *yes*

WHICH TEST CONFIRMED DIAGNOSIS.....
 (Signed) *J. W. Kemer*, M.D.
 , 1928 (Address) *Dep. Com.*

*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 DATE OF BURIAL
Greenwood Burial *July 5 1928*

20. UNDERTAKER ADDRESS *2726*
A. B. Beal *Pouca*

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.

CONTINUATION RECORD

