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

Do not use this space.

25925

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 7785

Township..... Primary Registration District No. 1003 Registered No. 7785

City..... (No. 11 a So Channing St. ..... Ward)

2. FULL NAME Juanita Mildred Davis

(a) Residence No. 11 a So Channing St. and 18 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25-1926

7. AGE 2 YEARS 3 MONTHS 5 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED 120B
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Willie Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Corine McCoy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Miss

14. INFORMANT Willie Davis
(Address) 11 a So Channing

15. FILED 28 1928 19 Max C Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-26-1928

17. I HEREBY CERTIFY, That I attended deceased from 7-26-1928 to 7-27-1928 that I last saw her alive on 7-27-1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute Gastrointeritis

114B (duration) about yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) error in diet

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Oscar William Johnson, M. D

7-27-1928 (Address) 4039 a Finney

*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 Washington Park DATE OF BURIAL July 29 1928

20. UNDERTAKER Watson and Son 2941 Chantey ADDRESS

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.

...THIS IS A PERMANENT RECORD