

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

Do not use this space.

32258

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 9568
Sl..... Ward.....

2. FULL NAME

FANNIE DAVIS

(a) Residence. No. 3012 Lafayette Ave 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 | 10 | 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

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

10. NAME OF FATHER Unknown Bailey

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Nellie Matthews
(Address) 3012 Lafayette Ave

15. SEP 27 1928 FILED W. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from April 1 1928, to Sept 25 1928 that I last saw her alive on Sept 25 1928, and that death occurred, on the date stated above, at 1:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy 102

(duration) yrs. mos. da. 4
CONTRIBUTORY High blood pressure
(SECONDARY) (duration) yrs. mos. da. 10

18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? E. M. Adkins M. D.
(Signed) Sept 26 1928 (Address) 3012 Lafayette

*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 Valhalla Cemetery DATE OF BURIAL Sept 29 1928

20. UNDERTAKER Dr. J. Robert ADDRESS 1905 S Grand

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

