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6

MAR 27 1929

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.

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

Do not use this space.

7943

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township Central — Primary Registration District No. 6248 H
City Richmond Hts Mo. — No. St. Marys Hosp — St. ..... Ward)

File No. .....
Registered No. 36

2. FULL NAME James Robert Davis
(a) Residence. No. 3730 Blair Av. St., ... Ward. St. Louis, Mo
(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 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 Addie Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5, 1887

7. AGE Years 42 Months 6 Days 1 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caseyville Ky.

PARENTS
10. NAME OF FATHER James Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Belle Cardwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Addie Davis
(Address) 4227 Aubert Ave

15. FILED 2/1 1929 C L Jensen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11:39 a.m.

1861 THE CAUSE OF DEATH* WAS AS FOLLOWS:
194 B
Accidental Traumatism by fall. (fall from iron structure 15-20 ft high) ~~St. Marys Hosp Richmond Hts Mo~~

CONTRIBUTORY (SECONDARY) Fractured skull & internal injuries (duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 6800 Manchester St. Louis Mo.
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) John O'Connell, M. D
, 19 (Address) Coroner of St. Louis County

*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 Calgary Cemetery — DATE OF BURIAL Feb 9 1929

20. UNDERTAKER Stroot & Carroll — ADDRESS 4600 Natural Bridge

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