

MAY 28 1930

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

Do not use this space.

13925

1. PLACE OF DEATH

County.....St. Louis
Township.....Carondelet
City.....Koch

Registration District No.7128
Primary Registration District No.6248B
(No. Koch Hosp.)

File No.
Registered No. 114
St. Ward)

2. FULL NAME.....Davis, Nettie

(a) Residence. No.3055 Jackson St. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred X yrs. 10 mos. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 3 4 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Nil

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

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

10. NAME OF FATHER Charley Davis

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

12. MAIDEN NAME OF MOTHER Miriam Chatman

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

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Missouri

15. FILED 4/3 1930 L. C. Obrod. M. U.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 10 1930¹⁹

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929, 19... to April 10 1930 that I last saw h..... alive on April 10, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis, Far Advanced

2 SA
About (duration) 1 year mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... Unknown

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS..... X Ray & Sputum

(Signed) Dr. J. McQueen M. D.

4/10/30 (Address) Koch Hosp Koch Mo

*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

Fotherickson

DATE OF BURIAL

April 10 1930

20. UNDERTAKER

J. E. Pope

ADDRESS

2931 Lucas Ave

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.

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