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

Do not use this space.

20847

20849

File No. 5649

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. Barnes Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME DAVIE, MARY, BELL

(a) Residence. No. 4442 Kennerly St., 11 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: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 5 - 1877

7. AGE: 53 YEARS, 5 MONTHS, 4 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(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): Ky

PARENTS

10. NAME OF FATHER: Louis Youngloue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known

12. MAIDEN NAME OF MOTHER: Jennette Northmore

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

14. INFORMANT: Eugene Davie
(Address) 4506 Kennerly Ave

15. FILED JUN 10 1930, 19 Max C. Stokes REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6 - 9 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-24, 1930, to 6-9, 1930 that I last saw h. C.R. alive on 6-9, 1930, and that death occurred, on the date stated above, at 8:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Fundus Uteri
48
93 C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chr. Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 26, 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F R Bradley, M. D.
June 9, 1930 (Address) Barnes Hospital

*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: Hop Kinsville Ky
DATE OF BURIAL: 6-10-1930

20. UNDERTAKER: [illegible] Wade Ord Co Finney
ADDRESS 4202

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.