

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.

1930

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

Do not use this space.

27843

1. PLACE OF DEATH
 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033B
 City Base-Kawn (No. 6215) Bowler St. 1 Ward)

2. FULL NAME Sadie E. Davis
 (a) Residence. No. 6215 Bowler St., _____ 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.

File No. _____
 Registered No. 299
 St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Grover C. Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>9</u>	<u>10</u>	<u>11</u>

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

9. BIRTHPLACE (CITY OR TOWN) Montgomery city
 (STATE OR COUNTRY) Mo.

PARENTS
 10. NAME OF FATHER Joseph Still
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Montgomery
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Bettie Johnson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Linden Co.
 (STATE OR COUNTRY) Mo.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1928, to 8/6 1930, and that I last saw him alive on 8/4 1930, and that death occurred, on the date stated above, at 10:50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis
131
93C (duration) 5 yrs. mos. ds.
 CONTRIBUTORY nephritis (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Electrocardiograph
 (Signed) C. O. Hughes M. D.
Aug 5th 1930 (Address) Ferguson 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.

14. INFORMANT <u>Grover C. Davis</u> (Address) <u>6215 Bowler</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Memorial Park</u>	DATE OF BURIAL <u>8/9 1930</u>
15. FILED <u>8/9 1930</u> <u>Opella Grace, M.D.</u> REGISTRAR	UNDERTAKER <u>Shepard Funeral Home</u>	ADDRESS <u>1167-69 Hamilton</u>

