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

Do not use this space.

31118

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 2415a Salina St. ..... Ward)

File No. .....

Registered No. 8700

2. FULL NAME Edward Davis

(a) Residence. No. Farmington St., Mo. Ward. Farmington 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-25-1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	4	8	

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

9. BIRTHPLACE (CITY OR TOWN) Farmington
(STATE OR COUNTRY) Farm Mo

PARENTS

10. NAME OF FATHER Jeff Davis

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

12. MAIDEN NAME OF MOTHER Nellie Cartee

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

14. INFORMANT Estelle Davis
(Address) Farmington Mo.

15. FILED SEP 4 1930 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1930 to Sept 3, 1930 that I last saw him alive on Sept 3, 1930, and that death occurred, on the date stated above, at 6:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121 Intestinal abstraction
121 Rupture of appendix
121 Due to appendicitis
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED? N/A
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo. Elcook, M. D
Sept 4, 1930 (Address) 1809 Mo 9th

*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	DATE OF BURIAL
K. P. Farmington Mo. Cemetery	9-6 1930.
20. UNDERTAKER A. W. McLaughlin	ADDRESS 1631 Mo.

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.