WHITE 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

6955

1. PLACE OF DEATH
County St. Louis, Registration District No. File No.
Township Primary Registration District No. Registered No. 60
City Jefferson Barracks (No. Mo. U. S. Vet. Hosp. St. Ward)

2. FULL NAME Davis, Benjamin F.
(a) Residence. No. 4005 Jamieson Ave., St., 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 Un yrs. kn mos. wonds. 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: Mrs. B. F. Davis.

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

7. AGE: 44 YEARS: 44 MONTHS: 0 DAYS: 8 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Concrete contractor.
(b) General nature of industry, business, or establishment in which employed (or employer): - 277
(c) Name of employer: -

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hillsboro, Missouri

PARENTS
10. NAME OF FATHER: Benjamin Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable
12. MAIDEN NAME OF MOTHER: Unavailable
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

14. INFORMANT: C. H. SMITH, M.D., Clinical Director, (Address) U.S.V. Hosp. Jeff. Brks., Mo.

15. FILED Feb 16 1931 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 13, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1931, to Feb. 13, 1931 that I last saw him alive on Feb. 13, 1931 and that death occurred, on the date stated above, at 6:05 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral valvular lesion, combined stenosis and insufficiency.
92 H
(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY): None.
(duration) - yrs. - mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF -
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History, physical and x-ray findings.
(Signed) W. C. GIBSON, M.D. Medical Officer in Charge
, 19 (Address) USVHosp. Jeff. Brks., 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: National Cemetery
DATE OF BURIAL: 2/16 1931

20. UNDERTAKER: C Hoffmeister U & L Co
ADDRESS: 7814 S. Bdway