

WRITE 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**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1008
No. St. Louis Nat. Hosp.

File No. 33079
Registered No. 9974
St. Ward)

2. FULL NAME

(a) Residence, No. J. L. Davis
(Usual place of abode) 3753 F Cook Ave St. 11 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-22-1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
		<u>19</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME Glover Davis

14. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY)

15. MAIDEN NAME Laura Mae Hutchinson

16. BIRTHPLACE (CITY OR TOWN) Smithboro, Ill.
(STATE OR COUNTRY)

17. INFORMANT J. L. Davis
(ADDRESS) 3753 F Cook Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Assigned as Specimen DATE 9-10-1931

19. UNDERTAKER Dept. of Pathology, Washington University of the Specimen
(ADDRESS)

20. FILED 24 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1931, to Sept 10 1931.
I last saw h. alive on Sept 10 1931. Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

Renaluria
159

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) J. L. Davis (M.D.) M. D.

(Address) St. Louis Nat. Hosp.

