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.

36093

791

File No.

Registered No. 10614

**1. PLACE OF DEATH**

County ..... Registration District No. .....

Township ..... Primary Registration District No. 10

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

**2. FULL NAME** Florence Davis.

(a) Residence, No. 4914 Forest Pk St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Abt. 60 YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tenn

FATHER

13. NAME: Oliver W. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Elizabeth Savage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Mrs Laura Worley 4914 Forest Park

18. BURIAL, CREMATION, OR REMOVAL PLACE: McMinnville Tenn DATE: Oct 19 1931

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons 4449 Olive St

20. FILED: OCT 23 1931, 19 Max C Starkloff Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1929, to Oct 18, 1931. Last saw her alive on Oct 18, 1931. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

| | Date of onset |
|---|---|
| Bilateral Bronchopneumonia | 5 days |
| 107 A | |
| 106 B | |
| 113 | |

Other contributory causes of importance:

Bronchiectasis & Emphysema 10 days
Pulmonary Tuberculosis 10 days
Inactive 77

Name of operation: None Date of: —

What test confirmed diagnosis? Xing Was there an autopsy? No

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? No

If so, specify

(Signed) H. D. Spector, M. D.

(Address) 837 Union Club

emphrasis

H. L. [illegible]

12 30 To 3 Pms

[illegible]