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.

FEB 24 1932

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

Do not use this space.

1676

1. PLACE OF DEATH
58 County Linn
6 Township
4 City Marceline (No. ..... St. ..... Ward)

Registration District No. 502
Primary Registration District No. 4305

File No. .....
Registered No. 2

2. FULL NAME Fred A. Davenport

(a) Residence, No. ..... 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. 1 mos. ds. 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Macon Co Mo

FATHER

13. NAME Martin Davenport
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 318

MOTHER

15. MAIDEN NAME Minerva Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Mo

17. INFORMANT (ADDRESS) Mrs Ray Collins Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wyandotte DATE Jan 10 1932

19. UNDERTAKER (ADDRESS) Jas McLaughlin Marceline Mo.

20. FILED Jan 10 1932 Ola Intman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Jan 9, 1932

I last saw him alive on Jan 9, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Umeria
131
132B
131

Date of onset

Other contributory causes of importance:
Intestinal Nephritis (3)

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic & Lab Tests. 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? No
If so, specify .....
(Signed) Dr Craig Cornett D.O.
(Address) Marceline Mo.