

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

Do not use this space.

10453

1. PLACE OF DEATH

County
Township
City St. Louis (No. Parma Hospital)

Registration District No. 791
Primary Registration District No. 79138

File No.
Registered No. 2502
St. Ward)

2. FULL NAME

(a) Residence, No. John Davis, Jr. St. 12 Ward. Parma Mo.
(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruby Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-12-1911</u>		
7. AGE	YEARS	MONTHS
	<u>20</u>	<u>10</u>
		DAYS
		<u>X</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>19 3/4</u>
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) <u>June 1931</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>		
13. NAME <u>John M. Davis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Cordelia Barker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>John M. Davis Parma Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma Mo</u> DATE <u>3-16-32</u>		
19. UNDERTAKER (ADDRESS) <u>J.C. Knight Parma Mo</u>		
20. FILED <u>Mar 19 1932</u> <u>W.R. D. Frankel</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-29-32 to 3-12-32

I last saw him alive on 3-12-32 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:
Thromb Adhesive
Pericarditis
903

Other contributory causes of importance: 10 10

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
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. E. Pittman, M. D.
(Address) Parma Hospital

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.

