

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

Do not use this space.

10916

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *Saint Louis* (No. *4450 Cote Brillante*)

7911
1-033

File No.....
Registered No. *2994*
St..... Ward.....

2. FULL NAME

Lillian Georgia May Davis
(a) Residence, No. *4450 Cote Brillante* 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 *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Thomas M. Davis*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 28, 1882*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<i>49</i>	<i>3</i>	<i>26</i>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Seamstress 31*

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) *Unknown* 11. Total time (years) spent in this occupation *Unknown*

12. BIRTHPLACE (CITY OR TOWN) *London* (STATE OR COUNTRY) *Missouri*

13. NAME *Victor Bryant*

14. BIRTHPLACE (CITY OR TOWN) *Union Springs* (STATE OR COUNTRY) *Washington Co. Mo.*

15. MAIDEN NAME *Olson Manning*

16. BIRTHPLACE (CITY OR TOWN) *Pilbuck Kniff* (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Thomas M. Davis* (ADDRESS) *4450 Cote Brillante*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellewood* DATE *Mar. 28, 1932*

19. UNDERTAKER *Charles J. Galla* (ADDRESS) *1107 S. Grand*

20. FILED *128* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *MAR 21 1932*, 19

22. I HEREBY CERTIFY, That I attended deceased from *March 20, 1932*, to *March 24, 1932*
I last saw h. w. alive on *March 27, 1932* Death is said to have occurred on the date stated above, at *2:30 a.m.*

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

Eudocarditis Acute
(Organism - not known)
1157
919 9/10

Date of onset

about 7/10/32

Other contributory causes of importance *1157 9/10 9/10*

Focal Infection - Throat
organism unknown
about 7/10/32

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

What test confirmed diagnosis? *Clinical* 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. Whray*, M. D.
(Address) *4320 Easton*

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.

