

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

Do not use this space.

19564

1. PLACE OF DEATH

County Jackson
Township Rose
City Gas. City (No.)

Registration District No. 399
Primary Registration District No. 0002

File No. 20750
Registered No. 2070 St. Ward

2. FULL NAME

Davenport Mill
(a) Residence, No. 18th + Grove St. 4 Ward.

(Usual place of abode) (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 M 4. COLOR OR RACE C 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) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>about 40</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know

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) Boone County (STATE OR COUNTRY) Missouri

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Harley Pazar

18. BURIAL, CREMATION, OR REMOVAL PLACE Olympia No. DATE 6-15 1932

19. UNDERTAKER (ADDRESS) Frank J. Parker
Columbia Missouri

20. FILED 9/4 1932 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10/32 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/27/32 to 6/10/32
I last saw him alive on 6/10/32 1932 Death is said to have occurred on the date stated above, at 4:14 am m.
The principal cause of death and related causes of importance were as follows:

Myocardial Infarct Date of onset

Other contributory causes of importance: Chronic Nephritis

Name of operation none Date of
What test confirmed Path. Clinical 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?
If so, specify

(Signed) D. M. Miller M. D.
(Address) Gen. Hoop, #2

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.

