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.

20926

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1002 ..... Registered No. 5414

City St. Louis, Mo. (No. 2107, Walnut Street St. ..... Ward)

2. FULL NAME Dora Anderson Davis

(a) Residence, No. 2107 Walnut St., 22 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 Cold

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE Abt

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | | | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Jackson, Tenn.

FATHER

13. NAME Gale Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Tenn

MOTHER

15. MAIDEN NAME Rebecca Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Tenn

17. INFORMANT (ADDRESS) Bunch Davis 2107 Walnut St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jackson, Tenn DATE June 7th 1932

19. UNDERTAKER (ADDRESS) A. L. Beal and Co 2726 Lucas Ave

20. FILED JUN -7 1932 Max C. Starkloff Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1932 to 6/4, 1932

I last saw her alive on 6/3, 1932 Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Cancer of the rectum — Date of onset 3 yrs

46 D 28 4610

Other contributory causes of importance:

Name of operation Colostomy Date of 4 mos ago

What test confirmed diagnosis? ..... 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) E. T. Taylor, M. D.

(Address) 3 Bloc Cauteau