

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.

8335

1. PLACE OF DEATH

113 County Worth, Co.
 3 Township St. Charles
 2 City St. Louis, Mo.

Registration District No. 903Primary Registration District No. 6212

File No. _____

Registered No. 5

St. _____ Ward) _____

2. FULL NAME

Charles Omer Davis(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFMary Margaret Davis

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

April 30, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.58919

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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) November 193211. Total time (years)
spent in this
occupation Life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis, Mo.

13. NAME

Adolphus Davis14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Jerusha Miller16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Mary M. Davis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Honey Grove DATE 12/21/193319. UNDERTAKER
(ADDRESS)Broth. C. D. Dwyer

20. FILED

7-2 1933John Andrews

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 193322. I HEREBY CERTIFY, That I attended deceased from
Oct 1, 1932 to July 19, 1933I last saw him alive on July 19, 1933 Death is saidto have occurred on the date stated above, at 8 P. m.

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

Carcinoma of StomachDate of onset
6/1/32

Other contributory causes of importance:

Name of operation Cyplasty Date of 1932What test confirmed diagnosis? Lab 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? no

If so, specify _____

(Signed) O. L. Fullerton

, M. D.

(Address) Bedding Room

