

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

Do not use this space.

18160

1. PLACE OF DEATH
 County 2021 Olive St Registration District No. 5-1580 File No. _____
 Township _____ Primary Registration District No. M-3 Registered No. 4368
 City St. Louis (No. City Hospital 2021 Olive St) Ward _____

2. FULL NAME Earlier Davis
 (a) Residence, No. 2021 Olive St St. 21 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 male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-8-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 5 7

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

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

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) McNolia Ark

13. NAME Earlier Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nykes La

15. MAIDEN NAME Elizbie Hackett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McNolia Ark

17. INFORMANT Edmond Davis
 (ADDRESS) 2021 Olive St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington City DATE 5/19/33 1933

19. UNDERTAKER Harold P. ...
 (ADDRESS) 42091 W. ...

20. FILED MAY 19 1933 J. H. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 m.

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

Gunshot Wounds of Chest
173 173
 Other contributory causes of importance: Homicide

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury 5/15, 1933

Where did injury occur? St. Louis Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Shot by gun
 Nature of injury Gunshot Wound of Chest

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) Harold P. ...
 (Address) ...

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.

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5/19/33

