25 1934

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.

85

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No. 7940

Township — Primary Registration District No. 1001 — Registered No. 347

City St Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Fred Davis

(a) Residence, No. 2006 Penn street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 27, 1867

7. AGE: YEARS 66 — MONTHS 6 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switch-man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.R.I.& P.R.R.
10. Date deceased last worked at this occupation (month and year) March 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri City, Missouri

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): Mrs Maude Davis, 2006 Penn st St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mount Auburn
PLACE St. Joseph, Mo. DATE March 24, 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden, 1802 Union st St Joseph Mo.

20. FILED 3-22, 1934 John R Benden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 22, 1934

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains March 22, 1934, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30A m.

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

Shock & Hemorrhage
Left leg below torn off & right leg fractured near hip right arm fractured
20 PM

Date of onset

Other contributory causes of importance: Struck or ran over by switch engine

Name of operation none — Date of

What test confirmed diagnosis? Phys — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident — Date of injury 3/21, 1934

Where did injury occur? St. Joseph R Road yards (Specify city or town, county, and State)

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

Manner of injury Struck by switch engine

Nature of injury Shock & hemorrhage

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify R.R. employee injured working

(Signed) Forrest Thomas Coroner M.D.

(Address) 731 Faaron