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.

APR 25 1934

1. PLACE OF DEATH

COLATION HOSPITAL

County ..... Registration District No. 791 File No. 11407

Township ..... Primary Registration District No. 1003 Registered No. 3339

City St Louis Mo (No. ..... St. ..... Ward)

2. FULL NAME Maggie Mae Davenport

(a) Residence, No. 2818 a market St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. COLOR OR RACE colored | 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) Feb. 25, 1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	1	4	

OCCUPATION

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

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) (STATE OR COUNTRY) St Louis Missouri

FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Anna Davenport

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Leona Burns 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE April 3 1934

19. UNDERTAKER (ADDRESS) Theo. Perkins 3307 Lucas ave

20. FILED APR 3 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Mar 29, 1934

I last saw her alive on Mar 29, 1934 Death is said to have occurred on the date stated above, at 1:30 p m.

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

	Date of onset
Pertussis	1-18
Impetigo	
Bronchopneumonia	

Other contributory causes of importance: Otitis Media, Bilateral

Name of operation None Date of 153

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide or homicide? No 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) John E. Schenbrenner, M. D.

(Address) .....

COLATION HOSPITAL