

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

Do not use this space.

MAI 23 1935

15040

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis Mo.** (No. **1035 A N Leffingwell Ave**) Registered No. **3923**
 St. Ward)

2. FULL NAME Anderson Davis

(a) Residence, No. 1035 A N Leffingwell St., 2/ Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 3 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Davis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 8 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hauling
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Shelby
 (STATE OR COUNTRY) Miss;

MOTHER FATHER
 13. NAME Bunk Davis

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

15. MAIDEN NAME Betzie Manuel

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

17. INFORMANT Minnie Davis
 (ADDRESS) 1035 A N Leffingwell Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial Home DATE 4-22 1935

19. UNDERTAKER (ADDRESS) 2820 Washington St.

20. FILED APR 30 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April/24/ 35

22. I HEREBY CERTIFY, That I attended deceased from April/11/ 1935 to April/24 1935
 I last saw him alive on April/11/ 1935. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 3 mos.

Other contributory causes of importance: 23

Name of operation..... Date of.....
Microscopic 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) W. Moore M. D.
 (Address) 1336 Franklin, St. Louis, Mo

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.

