

N. B.—Every item of information should be carefully supplied. An accurate statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

See name OR of coroner.

JUN 13 1935

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

Do not use this space.

17715

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033
 City Clayton (No. St. Louis County Hospital) File No. _____
 Registered No. 167 Ward _____

2. FULL NAME Davis, Richard
 (a) Residence, No. 2512 Currier St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilma J Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 - 1906</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>1</u>
	DAY <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Contractor</u>
	10. Date deceased last worked at this occupation (month and year) <u>March 29, 1935</u>	11. Total time (years) spent in this occupation <u>8</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin, Mo</u>		
FATHER	13. NAME <u>Josh. Davis</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>un known Ill.</u>
	15. MAIDEN NAME <u>Alice Bisby</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>un known Ill.</u>	
	17. INFORMANT <u>Wilma J Davis</u> (ADDRESS) <u>2512 Currier Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Madison Ill</u> DATE <u>May 29 1935</u>		
19. UNDERTAKER <u>Francis J. Lakey</u> (ADDRESS) <u>Madison Ill</u>		
20. FILED <u>5/28</u> 19 <u>35</u> <u>John J. Leubsdorf</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/35 19

22. I HEREBY CERTIFY, That I attended deceased from 5/24/35, 19, to 5/27/35, 19.

I last saw him alive on 5/23/35, 19. Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Hypostatic Pneumonia
Brain abscess

Date of onset 99 d

Other contributory causes of importance:
or Mitral Stenosis
or Dilatation and Hypertrophy of Heart
or Myocarditis

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

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 Over
 Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Address) Jasper B. Meador, M. D.
St. Louis, Mo. East Clayton Mo

This patient was cared for in St. Louis County by Dr. John Poe also Chester Poe in Wellston, St. Louis County, while in St. Louis County Hospital was under the supervision of Dr. Goodrich and Dr. Deppe. Owing to the general circumstances and peculiarities of this patient, he was brought from Illinois across to the state of Missouri and to the County Hospital, unable to determine immediate cause of death. Therefore, it was necessary to make further investigation as to the Secondary circumstances that brought on the peculiarities of this man's symptoms, which terminated in his demise .

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township.....
City Clayton (No.)

Registration District No. 490
Primary Registration District No. 6025

File No.
Registered No. 167
St. Ward)

2. FULL NAME

David Richard

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 1 18

OCCUPATION
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.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 730 1935 A. J. Sigroull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1935

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..... m.

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

Hypostatic Pneumonia Date of onset
Brain abscess
Organism unknown

Other contributory causes of importance: 920

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? 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? If so, specify

(Signed) M. D.
(Address)

JUL 12 1965

S-17715