

APR 2 1936

Missouri State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11735

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kear Primary Registration District No. 1002
 City K 6 mo (No. St Marys Hospital) St. _____ Ward _____
 Registered No. 21

2. FULL NAME

Stephen M Davenport
 (a) Residence, No. 2210 St. 34th St 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-5-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 2 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Eng
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Pac RR
 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) Boone Co Mo

FATHER
 13. NAME Unknown

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

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT Mrs Lillis Davenport
 (ADDRESS) 2210 St 34th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Dundarobert DATE 1-6-1936

19. UNDERTAKER Fairweather Werner
 (ADDRESS) _____

20. FILED 1-3-1936 Dr H Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-18-1935, to 1-3-1936

I last saw him alive on 1-3-1936 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:

Embryogenic Cancer of Left Testicle Date of onset 8 mo

Other contributory causes of importance: Acute Cystitis 14 day

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. E. Coates M. D.

(Address) K 6 mo

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.

