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.

MAR 3 1936

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

Do not use this space.

1. PLACE OF DEATH 2663 Lucas ave
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. ..... St. ..... Ward)

File No. 8482
Registered No. 2174

2. FULL NAME Raymond Davenport
(a) Residence, No. 2663 Lucas ave St., 21 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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1910

7. AGE: YEARS 26 | MONTHS 0 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common
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 Mo

FATHER
13. NAME Porter Davenport
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Ala

MOTHER
15. MAIDEN NAME Celia Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzeville Mo

17. INFORMANT (ADDRESS) Celia Davenport 3137 Franklin ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 2-29 1936

19. UNDERTAKER (ADDRESS) Jas H Randle & Son 920 No Leonard ave

20. FILED FEB 27 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1936, to Feb 21 1936
I last saw him alive on Feb 21, 1936. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	2-15-36

Other contributory causes of importance: 108

Name of operation ..... Date of .....
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? ..... 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) James T Aldrich, M. D.
(Address) 8 X 26 @ 7a Franklin Ave