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.

APR 16 1936

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

Do not use this space.

9596

1. PLACE OF DEATH
County Cape Girardeau
Township "
City CAPE GIRARDEAU (No. Southeast Missouri Hospital St. Ward)

Registration District No. 125
Primary Registration District No. 3009

File No.
Registered No. 76

2. FULL NAME Joseph J Davenport.
(a) Residence, No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 27 - 1846

7. AGE: Years 89 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bridge.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
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) Ava Illinois -

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 (ADDRESS) Mrs H.K. Dean Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Looney Springs Nerr DATE [illegible] 5, 1936 Campbell - Hill. Ill.

19. UNDERTAKER (ADDRESS) Beinhorn - Howell Cape Girardeau Mo

20. FILED 3 - 3 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) [illegible] 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 -, 1936, to Mar 3rd, 19..
I last saw him alive on Mar 3rd, 1936. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2

Other contributory causes of importance:
Senility

Name of operation Date of
What test confirmed diagnosis? age 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) G B Schulz, M. D.
(Address) Cape Girardeau, Mo.