

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

Do not use this space.

APR 25 1936

18066

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

Township

Primary Registration District No. 4470

City University City

(No. 6740 Raymond)

File No. _____

Registered No. 49

St. _____ Ward _____

2. FULL NAME

Everett N. Davenport

(a) Residence, No. 6740 Raymond St., _____ Ward _____

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>4</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchants Ice Co.

10. Date deceased last worked at this occupation (month and year) Jan., 1936 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Missouri

13. NAME Samuel Davenport

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

15. MAIDEN NAME Carolina Russell

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

17. INFORMANT (ADDRESS) Mrs. Alice Davenport 6740 Raymond Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Lebanon DATE April 11 1936

19. UNDERTAKER (ADDRESS) Shigand Funeral Home 11167 Hamilton Ave

20. FILED April 9 1936 Lena V. Moeller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to April 9 1936

I last saw him alive on 5:40 1936 Death is said to have occurred on the date stated above, at 5:40 a.m.

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

Date of onset
<u>Carcinoma Stomach</u> <u>Jan 13 36</u>

Other contributory causes of importance: 46

Name of operation Laparotomy Date of 3-5-36

What test confirmed diagnosis? Census Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____

Where and injury occur? 6740 Raymond Ave St. Louis Mo (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 We Haverall

(Signed) We Haverall M.D. (Address) 608 Knappwood Ave

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.

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