

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.

JUL 20 1936

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

Do not use this space.

22614

1. PLACE OF DEATH

County Greene
 Township Campbell
 City Springfield (No.)

Registration District No. 318
 Primary Registration District No. 5440
U.S. Hosp for Defective Delinquents (P.D.) (Ward)

File No.
 Registered No. 557

2. FULL NAME Charles Davenport

(a) Residence, No. St. St. Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 19 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>4</u>	<u>23</u>	

OCCUPATION

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Charles Davenport

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

MOTHER 15. MAIDEN NAME Anna Crosswaite

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

17. INFORMANT (ADDRESS) Deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE June 30, 1936

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Missouri

20. FILED MUN 3 0 36 19 36 Dr Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1935, to June 28, 1936

I last saw him alive on June 28, 1936 Death is said to have occurred on the date stated above, at 10:42 P.

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

Hemorrhage, Spontaneous from Oesophageal varices Date of onset 6-28-36

Other contributory causes of importance: Cirrhosis of liver, alcoholic 1926

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? W.H.O. (Specify city or town, county, and State)
 Specify whether injury occurred in the street, 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 swgreen

(Signed) E. W. Green, Asst. Surgeon, M. D.
 (Address) Clinical Director, U. S. Hosp. for Defective Delinquents, Springfield, Missouri.

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