

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.

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis.

Registration District No. 791
Primary Registration District No. 1003

File No. 36289
Registered No. 9989
Ward 21

2. FULL NAME Lela Davenport

(a) Residence, No. 2833 Stoddard St. 21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Henry Davenport</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/25/1886</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>7</u>	DAYS <u>1</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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) Mississippi

13. NAME Wilson Knight

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

15. MAIDEN NAME Ella Bluelien

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

17. INFORMANT S. Grady
(ADDRESS) 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE WASHINGTON PK DATE 10-3-36

19. UNDERTAKER JE DEMENT & SON
(ADDRESS) 2631 WASH ST

20. FILED 2 10 36 19 36
J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1936, to Sept 26, 1936

I last saw her alive on Sept 25, 1936. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Chronic Pulmonary Tuberculosis
Ulcerative Colitis
Rul
Syphilis

Other contributory causes of importance: JH

Name of operation..... Date of.....

What test confirmed diagnosis? Rxg Was there an autopsy? Yes

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. T. Bredeck, M. D.

(Address) 5600 Arsenal

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1960

1960

1960