

FEB 15 1937

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

Do not use this space.

288

1. PLACE OF DEATH

County Buchanan

Registration District No. 2 85

File No.

Township

Primary Registration District No. 1001

Registered No. 87

City St. Joseph (No.)

St. Ward)

2. FULL NAME

Charles Davis

(a) Residence, No. 2705 Patee St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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 Mahulda Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1876

| | | | |
|--------------------|--------------|------------|----------------------------------|
| 7. AGE YEARS 60 | MONTHS 10 | DAYS 20 | IF LESS than 1 day, hrs. or min. |
|--------------------|--------------|------------|----------------------------------|

| | | |
|------------|--|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman | 11. Total time (years) spent in this occupation 33 yrs. |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. | |
| | 10. Date deceased last worked at this occupation (month and year) 1935 | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Thomas Davis

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

15. MAIDEN NAME Julia Holt

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

17. INFORMANT (ADDRESS) Lucy Jayne St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE 1-26-37

19. UNDERTAKER (ADDRESS) J. L. Stingley St. Joseph, Missouri

20. FILED 1-25-37 19. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 36, 1936, to Jan. 23, 1937

I last saw him alive on Jan. 22, 1937 Death is said to have occurred on the date stated above, at 8:35 P.M.

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

Cerebral Regeneration following a head injury about one year ago

Other contributory causes of importance: was injured by fall from a train about one year ago.

Name of operation none Date of operation none
What test confirmed diagnosis Clin. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury, 19.....
Where did injury occur? R. R. Yards about 1 yr. ago (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
R. R. Yards.

Manner of injury Fell from train
Nature of injury Injured head by fall

24. Was disease or injury in any way related to occupation of deceased? YES
If so, specify Fall while on duty
(Signed) Dr. J. J. Woodruff, M.D.
(Address) St. Joseph, Mo.

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.

