

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City..... **St. Louis, Mo.** (No. **Bristol Hotel (Debolivere & Pershing) St.** Ward)

File No. **3090**  
 Registered No. **95**

**2. FULL NAME** Letta Davis

(a) Residence, No. 514 Argonne Dr. Kirkwood, Mo. Ward. 1  
 (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 Female 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 Edward C. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 7 II

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25  
 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) Cuba Missouri

13. NAME Parnabus M. Cornwall

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

15. MAIDEN NAME Elizabeth Lincoln

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

17. INFORMANT (ADDRESS) R. B. Cornwall 5173 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Jan 4th 1937

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons. 4449 Olive Street

20. FILED JAN 4 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

*No physician in attendance*  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:30 a.m.

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

*Baghital Poisoning sub-administered at Bristol Hotel, whether accidental or intentional could not be ascertained*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Open Wound Injury at 1/1, 1937  
 Where did injury occur? Private room  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury all above  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....

(Signed) Harold Dehling M. D.  
 (Address) Dep't of Health

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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