

**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 (No. 4931 Lindell Blvd., 2)

FEB 8 1937
Registration District No.

4321
File No. 1385
Registered No.
St. Ward)

2. FULL NAME Isabelle Burrows Davis,

(a) Residence, No. 4931 Lindell Blvd., St. 12 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William A. Davis,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 29, 1854</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home 26^{1/2}</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan - 22, 1936, to Jan 29, 1937.
I last saw him alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 2 H.m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion
chronic myocarditis
arterio-sclerosis

Other contributory causes of importance:
Paroxysmal tachycardia

Date of onset Jan 14 1937
11 days
15
20 yrs

12. BIRTHPLACE (CITY OR TOWN) Dayton, (STATE OR COUNTRY) Ohio.

13. NAME Benjamin G. Burrows,

14. BIRTHPLACE (CITY OR TOWN) New Jersey. (STATE OR COUNTRY)

15. MAIDEN NAME Jean McMurray.

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

17. INFORMANT Mrs. Felix E. Gunter, (ADDRESS) 4931 Lindell Blvd.

18. BURIAL CREMATION, OR REMOVAL PLACE Camden, N. J. DATE Jan'y 31, 1937

19. UNDERTAKER Wagoner Undertaking Co., (ADDRESS) 3621 Olive St.

20. FILED JAN 31 1937 J. Bredeck Registrar.

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Walter Fisher M. D.
(Address) 3720 Washington

WRITE CAREFULLY WITH INK--THIS IS A PERMANENT RECORD

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.

Mr. Walter Suedes
3720 Washington

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