

MAY 7 1937

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, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
City Hospital No. 2

File No. 11320
Registered No. 3816
St. Ward)

2. FULL NAME Lamintha Jackson Davis

(a) Residence, No. 1526 Franklin St., 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 4 1

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

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

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) Missouri13. NAME Henry Jackson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Rebecca Bell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE April 10, 19..19. UNDERTAKER E. J. Garner
(ADDRESS) 2829 Washington20. FILED APR 10 1937 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 19 3722. I HEREBY CERTIFY, That I attended deceased from 4-5-, 1937, to 4-7-, 1937I last saw her alive on 4-7-, 1937. Death is saidto have occurred on the date stated above, at 5:45 pm

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

MENINGITIS (PNEUMOCOCCIC)Date of onset 4-5-37

Other contributory causes of importance:

None

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

What test confirmed diagnosis?..... 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. Owen Blache, M. D.(Address) 2945 Lawton Ave.

WRITE PLAINLY WITH UNFADING 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.

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