

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

Do not use this space.

33078

OCT 14 1937

1. PLACE OF DEATH

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

Registration District No. 791
 Primary Registration District No. 1003
 (No. Homer G. Phillips Hosp.)

File No.
 Registered No. 9132
 St. Ward)

2. FULL NAME

Davis

(a) Residence, No. 1105 N. Leonard St., 21 Ward.

(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 M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 45 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
 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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Hosie Davis

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

15. MAIDEN NAME Rosa Lee Hurt

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

17. INFORMANT (ADDRESS) Thomas C. McFall 2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery 9/25/37

19. UNDERTAKER (ADDRESS) Thomas C. McFall City Hospital

20. REGISTRAR J. H. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-37 19

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 10:05 P. M.

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

Prematurity

Date of onset

Other contributory causes of importance:

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) Thomas C. McFall, M. D.

(Address) 2601 N. Whittier

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.

OCCUPATION
FATHER
MOTHER

SEP 29 1937

