

JAN 10 1938

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

43550
Do not use this space.

791
1003

11800

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Missouri (d) Street No..... Registered No. BARNES HOSPITAL
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Davis

(a) Residence, No. 2905 Dayton St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1908</u>				
7. AGE	YEARS <u>29</u>	MONTHS <u>4</u>	DAYS <u>24</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>house work</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>200</u>			
MOTHER	10. Date deceased last worked at this occupation (month and year).....			
	11. Total time (years) spent in this occupation.....			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntsville Ala.</u>			
	13. NAME <u>Willie Walter Ford</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntsville Ala.</u>			
MOTHER	15. MAIDEN NAME <u>Mattie Davis</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntsville Ala.</u>			
17. INFORMANT <u>Mattie Davis</u> (ADDRESS) <u>2837 Dickson St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson</u> DATE <u>12/24</u> 19 <u>37</u>				
19. FUNERAL DIRECTOR <u>Ellis Funeral Home</u> (ADDRESS) <u>2800 Stoddard St</u>				
20. <u>DEC 23 1937</u> 19 <u>37</u> <u>J. F. Bredeck</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 21 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 11 - 24 - 1937 to 12 - 21 - 1937
I last saw him alive on 12 - 21 - 1937. Death is said to have occurred on the date stated above, at 6.30 a.m.
The principal cause of death and related causes of importance were as follows:
Granuloma Intestum
Intestinal obstruction,
Generalized peritonitis
Date of onset _____

Other contributory causes of importance: 55K

Name of operation Colostomy Date of 12-13-37
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) F. R. Bradley M. D.
(Address) BARNES HOSPITAL

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Lonnie Baykins, Licensed Embalmer No. 2946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Lonnie Baykins
Licensed Embalmer No. 2946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)