

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

Do not use this space.

37173

1. PLACE OF DEATH

County Sacchar Registration District No. 399
 Town St. Louis Primary Registration District No. 1002
 City St. Louis

File No. 4998.5
 Registered No. 4998.5
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 300 Tracey St., 4 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yr. mos. ds. How long in U.S., if of foreign birth? yr. mos. ds.
 (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10-1901

7. AGE YEAR MONTH DAY IF LESS than 1 day, _____ hrs. or _____ min.
16 2 25

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Trained nurse
 (b) General nature of industry, business, or establishment in which employed (or employee)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesboro Ga

10. NAME OF FATHER Rudolph Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Waynesboro Ga

12. MAIDEN NAME OF MOTHER Rodie Early

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Waynesboro Ga

14. INFORMANT (Address) Sam. D. Davis
Waynesboro Ga.

15. FILED 10/28 1928 M.M. Cozine REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-25-27

17. Deputy coroner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
130 (Cause unknown)
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 10/8
 IF NOT AT PLACE OF DEATH, _____

Did an operation precede death? _____ DATE OF _____

Was there an autopsy? yes

WHAT TEST CONFIRMED DIAGNOSIS? Two times autopsy
 (Signed) Deputy coroner M. D.
12/27, 19____ (Address) Deputy coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Francisville Ga DATE OF BURIAL Jan 1 1928

20. UNDERTAKER Prof. A. Ficklin ADDRESS city

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.

