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.

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No. 38669
Township — Primary Registration District No. 1003 — Registered No. 11296
City St Louis (No. 12 14 N 14 St St. Ward)

2. FULL NAME Cecil Davis
(a) Residence. No. 1214 N 14th St 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Colored
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) Feb 5-1925
7. AGE: 3 YEARS — MONTHS: 9 — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) mo
PARENTS
10. NAME OF FATHER Sammie Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arko
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rosie L Phillips
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark
(STATE OR COUNTRY)
14. INFORMANT Rose Lee Carter
(Address) 1117 north 21 st.
15. FILED NOV 20 1928 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-18-1928
17. I HEREBY CERTIFY, That I attended deceased from 11/13, 1928, to 11/18, 1928 that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 5 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Scarlet Fever
8
(duration) (4) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) Reed Bleeker, M. D
, 19 (Address) 11 N Jefferson

*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: Washington Park — DATE OF BURIAL: 11-21 1928
20. UNDERTAKER: W S Wade and Co — ADDRESS: 4202 Finney

OK
Edwards