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.

MAY 23 1932

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

Do not use this space.

11853

File No.

Registered No. 98

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125

1 Township " " Primary Registration District No. 2009

8 City " " (No. 1324, Broadway St. Ward)

2. FULL NAME Joseph X Davis

(a) Residence, No. 1324 Broadway St., 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 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9th-1876

7. AGE YEARS 56 MONTHS 2 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 140

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) St. Louis Mo

FATHER

13. NAME Joseph Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Margaret Koenig

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

17. INFORMANT (ADDRESS) Mrs. Jos Davis Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis Cedar Lawn DATE Apr 23 1932

19. UNDERTAKER (ADDRESS) Walthers Funeral Home Cape Girardeau Mo

20. FILED 4-21 1932 W C Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/7/32, 19, to 4/20/32, 19

I last saw him alive on 4/20/32, 19 Death is said to have occurred on the date stated above, at 7/30 m. Pm.

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

Corinary Thrombosis-
Spontaneous Rupture of posterior wall of left ventricle.
95B
93C
94B
93/0 ①

Date of onset

Other contributory causes of importance:
Myocarditis, Faty Infiltration of Heart Muscle.
Anemic Infarct- Anurysimal Sack

Name of operation none Date of 4/20/32

What test confirmed diagnosis? Autopsy 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 none

(Signed) John D Porterfield, M. D.

(Address) 803 Williams St Cape Girardeau Mo