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

Do not use this space

27699

1. PLACE OF DEATH

County..... Registration District No. 701

Township..... Primary Registration District No. 1103

City..... (No. En route City Hospital #1 St. ..... Ward)

File No. 17521

Registered No. .....

2. FULL NAME Dolly Wilhelmina Davis, alias Golzer

(a) Residence, No. 1302 Franklin St., ave Ward. 25
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-7-31

7. AGE: YEARS 1 | MONTHS [redacted] | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME William Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma 2

MOTHER

15. MAIDEN NAME Theresa Purger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia 3

17. INFORMANT (ADDRESS) Theresa Davis 1302 Franklin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Aug 17 1932

19. UNDERTAKER (ADDRESS) Benesch Mortuary 4138 Kingshighway

20. FILED AUG 17 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Bronchopneumonia (Primary) — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) D. Evans, M. D.

(Address) Jefferson Barracks

8/17/32

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD