

MAY 15 1939

JUN 8 1939

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

19855

Do not use this space.

1. PLACE OF DEATH

(a) County..... Saint Louis Registration District No. 284
(b) Township..... Arondelet Primary Registration District No. 200
(c) City..... Jefferson Barracks (d) Street No. Unkn. St. Unkn.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. 8922. PRINT FULL NAME Sam Davis

(a) Residence, No. 1615 Commercial Ave. St. Cairo, Ill.
(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as 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) Stookfield,
(STATE OR COUNTRY) Mississippi

13. NAME Jess Davis

14. BIRTHPLACE (CITY OR TOWN) -
(STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Hallie ??

16. BIRTHPLACE (CITY OR TOWN) --
(STATE OR COUNTRY) Not known

17. INFORMANT Cl. M. Decker
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cairo, Ill. DATE May 16, 1939

19. FUNERAL DIRECTOR (NAME) C. J. Young
(ADDRESS) 2500

20. FILED MAY 15 1939 W. J. Hughes
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939 to May 14, 1939

I last saw him alive on May 14, 1939. Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Carcinoma of stomach with intra-abdominal metastases.

Date of onset

Unkn.

Other contributory causes of importance:

None

Name of operation Gastroenterostomy Date of 5-7-39
by clinical mani. and lab.
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 Yes, in home
(Signed) C. W. HUGHES, M. D.

(Address) Chief Med. Officer. VAF Jeff Bks. Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Clay Yarnall

Licensed Embalmer No. _____

31371

P. O. Address _____

St. Louis Mo

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.)

If this body is not embalmed, above space should be left blank.