

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

Do not use this space.

OCT 11 1934

791

34729

1003

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City..... (No.)

St. Ward.....

File No.

Registered No.

2. FULL NAME

(a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day	hrs. or min.
	66.	1	07		

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

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) Missouri

13. NAME F. W. Davenport

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Maop Inf Co, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE Oct 1 1934

19. UNDERTAKER (ADDRESS) Key Leidner and Co

20. FILED 19 34 J. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/4 1934 to 9/28 1934

I last saw her alive on 9/28 1934. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Diabetes Mellitus
Gangrene Right Foot.

Date of onset

Other contributory causes of importance:

Arteriosclerosis

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) W. L. Harris M. D.

(Address) City St. Louis

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.

