

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

5361

1. PLACE OF DEATH

County..... Registration District No. 7021 File No.
 Township..... Primary Registration District No. 2008 Registered No. 1000
 City St Louis (No. 3919 St Louis St. Ward)

2. FULL NAME

James J Davis
 (a) Residence No. St. M 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 Laura Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Brokers
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY)

10. NAME OF FATHER John Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Cassidy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
 (STATE OR COUNTRY)

14. INFORMANT Ms Laura Davis
 (Address) 3919 St Louis

15. FILED 19 Mar 6 Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14 19 21

17. I HEREBY CERTIFY, That I attended deceased from July 1919, to Feb 14 1921, that I last saw him alive on Feb 12 1921, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

CONTRIBUTORY (SECONDARY) (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) Thos. M. Davis M. D.

Feb. 14, 1921 (Address) 2424 N. Grand

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cabary DATE OF BURIAL 2-17 19 21
 ADDRESS 2039 Wash St

20. UNDERTAKER Arthur J. Donnelly