

IOWA STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

State Office No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Black Hawk State: IOWA Registered No. _____
 Township West Waterloo or Village _____ or
 City Waterloo No. Detention Hospital St., _____ Ward _____
 (If death occurred in a hospital or institution give its name instead of street and number)

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.

2. FULL NAME

Evans Davis
 (a) Residence No. 8251 Mobile Street St. Fourth Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years _____ Months _____ Days _____
 If less than
 1 day, _____ hrs.
 or _____ mins.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Masonic Hall
 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)

FATHER

13. NAME _____
 14. BIRTHPLACE (city or town) _____
 (State or country)

MOTHER

15. MAIDEN NAME _____
 16. BIRTHPLACE (city or town) _____
 (State or country)

17. INFORMANT _____
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place _____ Date _____ 19 _____

LICENSED
 19. EMBALMER _____ No. _____
 (Address)

20. FILED _____ 19 _____
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 4, 19 39

22. I hereby certify that I attended deceased from July 1, 19 39 to July 4, 19 39

I last saw him alive on July 4, 19 39, death is said to have occurred on the date stated above, at 5 A m.

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

Arteriosclerosis - many years
Central Hemorrhage
Internal Hemorrhage June 13.

Contributory causes of importance not related to principal cause:

Name of operation None 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? No If so, specify _____

(Signed) Craig D. Eason M. D.

(Address) Waterloo Ia.

(Over)

MARGIN RESERVED FOR BINDING

V. S. No. 155-7-36-283M.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.