

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

Do not use this space.

39506

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. _____
Primary Registration District No. _____
(No. Dixon Hotel)

File No. _____
Registered No. 5078
St. _____ Ward _____

2. FULL NAME DAVIS, Charles S.

(a) Residence, No. Brashear, Mo. St. _____ 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. 7 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

Mrs. Leta E. Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 2 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Green City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Stephens H. Davis

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

12. MAIDEN NAME OF MOTHER Eluisa Watts

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

14. INFORMANT Mrs. Leta E. Davis (wife)
(Address) Brashear, Missouri

15. FILED 17/18, 1936 M. M. Conroy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15 1936

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Quin's jaund
167

CONTRIBUTORY (SECONDARY) 170 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Autopsy & Inspection

(Signed) Stanley McNeil M.D.

12/15, 1936 (Address) 1454th Avenue

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Moriah Cemetery DATE OF BURIAL 12/18 1936

20. UNDERTAKER Home Melody McGilley Funeral ADDRESS K. C. Mo.

N. B.—Every item of information should be carefully supplied. A true account of cause and cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

