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.

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

Do not use this space.

39520

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.:

Township: Kaw — Primary Registration District No.: — Registered No.: 6109

City: Kansas City (No.: St Joseph Hospital St. Ward)

2. FULL NAME: Lawrence Glenn Davis

(a) Residence. No.: 3802 Woodland St.: 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	-- Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 20, 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	7	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At School
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Glenn Davis

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

12. MAIDEN NAME OF MOTHER: Grace Lattin

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

14. INFORMANT: Mrs. Grace Davis
(Address): 3802 Woodland

15. FILED 12/19 1930 M. M. Crowe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 18, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from 12-18, 19 30, to 12-18, 19 30 that I last saw him alive on 12-18, 1930, and that death occurred, on the date stated above, at 3 00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Sore Throat
115A
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Cardiac Failure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: At school
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) C. F. Kent, M. D.
12/19. 19 30 (Address) St. Joseph Hospital

*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: Maple Hill Cemetery — DATE OF BURIAL: 12-20-30 19

20. UNDERTAKER: R.V.Lindsey & Sons, Inc. — ADDRESS: KsCity Mo.