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.

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

Do not use this space.

12535

File No. 1469

Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No.
Township KAW Primary Registration District No.
City KANSAS CITY (No. 3700, WYOMING - APT. #1 St. Ward)

2. FULL NAME LEE C DAVIESS
(a) Residence, No. 3700 WYOMING - APT. #1 St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. LEONA DAVIESS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-3-1867

7. AGE YEARS 64 MONTHS 10 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FURNITURE DEALER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 163
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4 YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY 2

FATHER
13. NAME THEODORE DAVIEES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME ANN MARY TWYMANN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 41

17. INFORMANT MR. LEE C DAVIESS, JR.
(ADDRESS) 3700 WYOMING

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE ~~MARCH 8~~ 4/ 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED 4-7- 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1932, to April 5th (inclusive) 1932
I last saw him alive on April 5th, 1932. Death is said to have occurred on the date stated above, at 10:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	about 1 yr
131	
137B 131	
Other contributory causes of importance: Uraemic poisoning (1)	April 3/32

Name of operation none Date of —
What test confirmed diagnosis? Laboratory 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) Edwin R. Curry, M. D.
(Address) 905 Locust St
Main 4600

Sherman Hotel (9th + Locust St.)
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