

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

Do not use this space.

36600
4522

1. PLACE OF DEATH

County Jackson
Township New
City KC Mo

Registration District No. 399
Primary Registration District No. 1082
(No. 6301 E 35th of Terrace Ward)

2. FULL NAME

(a) Residence, No. 6301 E 35th of Terrace Ward
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31, 1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>2</u>	DAY <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1933

22. I HEREBY CERTIFY That I attended deceased from Nov. 13, 1933 to Nov. 17, 1933
I last saw her alive on Nov. 17, 1933 Death is said to have occurred on the date stated above, at 3:59 p.m.
The principal cause of death and related causes of importance were as follows:
Auricular Fibrillation Date of onset Nov. 13, 1933
95%

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) Samuel A. Davis, M. D.
(Address) 3301 Woodland
Kansas City, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

FATHER

13. NAME Wm Boles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

MOTHER

15. MAIDEN NAME Eva Beckwith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

17. INFORMANT Wm Davis
(ADDRESS) 6301 E 35th of Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Shell City, Mo DATE Nov 19, 1933

19. UNDERTAKER (ADDRESS) Wm C. Foster
KC Mo

20. FILED 11-18 19 33 in mm mm mm Registrar.

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.

23.5

1934

