

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

Do not use this space.

36609

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Dean Primary Registration District No. 100
 City Kansas City (No. 1) General Hosp St. _____ Ward _____

File No. _____
 Registered No. 4531

2. FULL NAME

(a) Residence, No. 2220 Colorado St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1865
 7. AGE YEARS 68 MONTHS 2 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 13. NAME George Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina
 15. MAIDEN NAME Whitmore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Deena Clark
 (ADDRESS) 1220 Colorado St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Nov 20, 1933
 19. UNDERTAKER James Henderson
 (ADDRESS) 19 E Mo
 20. FILED Nov 19, 1933 M. M. Corowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1933 to 11-18 1933
 I last saw him alive on 11-18 1933 Death is said to have occurred on the date stated above, at Madam.
 The principal cause of death and related causes of importance were as follows:

Gastric ulcer Date of onset _____
with hemorrhage
11/30

Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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? _____
 If so, specify _____
 (Signed) P. F. De Maria, M. D.
1-18 (Address) 1st Supt 1220 Gen Hosp

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.

1834
 1831

31

2

11/30

11/30

1-18-33

