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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 390 — File No. 5274
Township ~~Kaw~~ — Primary Registration District No. — Registered No. 1098
City Kansas City (No. General Hospital #2 St. Ward)

2. FULL NAME John Davis
(a) Residence, No. 1713 Harrison St., Ward. (If nonresident, give city or town and State)
(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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Hattie Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1880
7. AGE YEARS 53 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. Plumber's Helper
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) La.

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Theodore Peck 1713 Harrison Street.
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE 3/9/34
19. UNDERTAKER (ADDRESS) West Appleton & Jones K. C. Mo.
20. FILED 3-9 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17th 1934
22. HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above at ....m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion (Selerotic)
Chronic Arteriosclerosis
Other contributory causes of importance:
Date of onset
Name of operation ..... Date of ....
What test confirmed diagnosis ..... Was there an autopsy ....
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) ..... M. D.
(Address) .....