

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

Do not use this space.

36285

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kanawha Primary Registration District No. 1002
City Kansas City, St. Joseph Hospital St. _____ Ward _____

File No. _____
Registered No. 45720
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Blue Springs Mo. St. _____ 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 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 Matthie Belle Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>8</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill Clerk

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) Carroll Co. Va

13. NAME H. C. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Va

15. MAIDEN NAME Margaret J. Vaughan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Va

17. INFORMANT Mrs Matthie Davis (ADDRESS) Blue Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dick Grove Mo DATE Nov 2 1934

19. UNDERTAKER G. B. Webb (ADDRESS) Blue Springs Mo

20. FILED 10/31 - 1934 M. M. Corcoran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1934 to Oct 31 1934

I last saw h. in alive on Oct 20 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

General peritonitis from gangrenous appendix Date of onset _____

Other contributory causes of importance: 12/18
12/18
12/18

Name of operation none 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) Logan Hamilton M. D.
(Address) 622 Argyle

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.

