

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

Do not use this space.

APR 23 1936

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1. PLACE OF DEATH

County..... **Jackson**
 Township..... **Kaw**
 City..... **Kansas City**

Registration District No. **399**
 Primary Registration District No. **100**
 (No. **4045 Agnes Avenue**)

File No.....
 Registered No.....
 St. Ward)

2. FULL NAME

Charles Clark Davis
4045 Agnes Avenue

(a) Residence, No. 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 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 Susan E. Davis Oct 20, 1878		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1935 (f) 8		
7. AGE YEARS 77	MONTHS 4	DAYS 15
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
	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) **Illinois**

FATHER 13. NAME **Carey Davis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Elizabeth Broughton**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Mrs. H. J. Purcell**

18. BURIAL, CREMATION/ OR REMOVAL PLACE **Alton Ill** DATE **3-6** 19**36**

19. UNDERTAKER **Stine & McClure** (ADDRESS) **3235 Gillham Plaza**

20. FILED **Mar 5 1936 M. M. Brown** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 5th** 19**36**

22. I HEREBY CERTIFY That I attended deceased from **1930** to **Mar 5** 19**36**
 I last saw him/ her alive on **MAR. 4** 19**36**. Death is said to have occurred on the date stated above, at **A. M. 7:35**
 The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
Myocardial Degeneration
Arteriosclerosis

Other contributory causes of importance:
121

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? **No**
 If so, specify

(Signed) **J. Leland Jones MD** M. D.
 (Address) **3020 Forest St. Kansas City Mo**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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