

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

Do not use this space.

11740

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....399
 Township.....Kaw..... Primary Registration District No.....309 1002
 City.....Kansas City..... (No. 6141 Forest Ave.)..... St. Ward)

File No.....1526
 Registered No.....1526

2. FULL NAME Thomas E. Davin

(a) Residence. No. 6141 Forest Ave. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 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 Mary Davin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Kennedy Davin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Margaret Slattery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT James J. Davin
 (Address) 6141 Forest Ave

15. FILED 4/12 27 19 m. m. Crown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11, 1927

17. I HEREBY CERTIFY That I attended deceased from 1927 to 1927, and that I last saw him alive on April 11, 1927, and that death occurred, on the date stated above, at 6141 Forest Ave.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured heart
90 W (duration) yrs. mos. da.

CONTRIBUTORY Coronary Lesion (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY..... yes

WHAT TEST CONFIRMED DIAGNOSIS..... Autopsy
 (Signed) Chas. S. Wilson, M. D.
4-11-27 (Address) St. Paul, Kansas

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calvary Cemetery April 13 1927
 20. UNDERTAKER ADDRESS

John W. Wagner 1409 1/2 Bond

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.

