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

Do not use this space.
30453

File No. 360
Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. Trinity Lutheran Hosp. St. ... Ward)

2. FULL NAME Joseph Clair Travis

(a) Residence. No. 2544 Askew 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. 17 ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

21

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16 - 1910

7. AGE: Years 17 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER James Travis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Marie Foot
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo

14. INFORMANT James Travis
(Address) 2544 Askew

15. FILED 10/20, 1927 M. M. Crouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1927, to Oct 18, 1927, that I last saw h. alive on Oct 18, 1927, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis
1 Day
1 Mo (duration) ... yrs. ... mos. 5 ds.
CONTRIBUTORY (SECONDARY) Peritonitis
(duration) ... yrs. ... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Palpation
(Signed) D. A. Edmunds M. D.
10/19, 1927 (Address) 4800 E 24th St

*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: Memorial Park — DATE OF BURIAL: Oct 21, 1927
20. UNDERTAKER: Mrs C L Foster — ADDRESS: KC Mo

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.

~~Dr Conover~~
~~2544 Arkew~~
~~Li 7501~~

45. C. E.