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

Do not use this space.

36833

File No. 4655

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: C. Kaw — Primary Registration District No.: 1007

City: Kansas City (No. 5622 Holmes St. Ward)

2. FULL NAME: Mrs Olin Lorena Davis

(a) Residence. No. 5622 Holmes 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. 6 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Parrott Davis deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 4 - 1861.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	4	

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

9. BIRTHPLACE (CITY OR TOWN): Near Jacksonville
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Gilbert Cumming

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

12. MAIDEN NAME OF MOTHER: Miss Fox

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

14. INFORMANT: Wm Albert Shreve
(Address): 5622 Holmes St.

15. FILED: 12/9, 1927 M. M. Crane, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 8. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov., 1927, to Dec 8, 1927, that I last saw her alive on Dec 7, 1927, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral hemorrhage.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): arteria sclerosis

(duration) 3 or 4 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

12/9, 1927 (Signed) S. A. Revelly, M. D.
(Address) 1004 Reals Bldg

*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: Calhoun Mo. — DATE OF BURIAL: Dec 10 1927

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

P.W.P. 4964 res. 601 Armour.