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

Do not use this space.

1107

File No. 127

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Raw — Primary Registration District No.: 1002

City: Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME: Davis Leona

(a) Residence. No. 802 W 27th St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 6 yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 10 - 187

7. AGE: Years 50 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Paoli
(STATE OR COUNTRY): Ind.

PARENTS

10. NAME OF FATHER: Jeriah Wardrup

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

12. MAIDEN NAME OF MOTHER: Delilah Dwyer

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

14. INFORMANT: Ward Clerk
(Address): K.C. Genl Hosp.

15. FILED: 1/11, 1928 M. M. Browne
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-9 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-8, 1928, to 1-9, 1928 that I last saw her alive on 1-9, 1928 and that death occurred, on the date stated above, at 2:27 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute purulent meningitis (pneumococcic)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Abscess of right middle ear

(duration) 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? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Path. & Autopsy

(Signed) George C. Lee, M.D.

1-9, 1928 (Address) Asst Supt K.C. Genl Hosp

*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: Nelson Mo — DATE OF BURIAL: 1-12 1928

20. UNDERTAKER: H. E. Mast — ADDRESS: 1915 E 15th

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.