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

Do not use this space.

File No. 5073

Registered No. 735

1. PLACE OF DEATH
County: Jackson — Registration District No.:
Township: Kan — Primary Registration District No.: 399
City: Kansas City (No. Research Hosp. St. 3 Ward)

2. FULL NAME: Charles Earl Davis

(a) Residence. No. 4220 Prospect St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 10 yrs. mos. 15 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Effie Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 17-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mechanic
(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): Mo.

PARENTS
10. NAME OF FATHER: James Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Mary Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): don't know

14. INFORMANT: Mrs Effie Davis
(Address): 4220 Prospect Ave

15. FILED: 2-18-1928 M M Crowe Registrar
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1928, to Feb. 17, 1928, that I last saw him alive on Feb. 17, 1928, and that death occurred, on the date stated above, at 2.21 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia — following adenocarcinomatosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma of right Kidney (duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED: —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF: —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Exam.
(Signed) Franklin Wakefield, M. D.
2/18, 1928 (Address) Research 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: Memorial Park — DATE OF BURIAL: 2/18/28

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 4th & Baltimore

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.

Research Thesis