

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

Do not use this space.

9333

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kearney Primary Registration District No. 1002 Registered No. 1254
 City Kansas City (No. Wheathly Providence High St. _____ Ward)

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Hamilton Mo.
 (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 Colored 5. SINGLE, MARRIED, WIDOWED OR Single
Divorced (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>56</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Drayman
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hamilton Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Louis Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Babbie Anh

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

14. INFORMANT Wheathly Hospital
 (Address) K C Mo

15. FILED 7/15-28 1928 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/14/28 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-1-28, 1928, to 3-14-28, 1928, that I last saw him alive on 3-14-28, 1928, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

33 Ectanoma
33 Ectanoma
101 Broncho
 (duration) yrs. 1 mos. da.
 CONTRIBUTORY Carcinoma neck
 (SECONDARY) (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED Hamilton Mo.
 IF NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-1-28
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Biopsy
 (Signed) J. J. [Signature], M. D.
7/15, 1928 (Address) Pratts Bluff

*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 Hamilton Cemetery DATE OF BURIAL Mar 16 1928

20. UNDERTAKER John Haughton ADDRESS Hamilton

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.

