

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

Do not use this space.

17152

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kear Primary Registration District No. 1002 Registered No. 2121  
 City Kansas City 45-16 Forest Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Jane Davis  
 (a) Residence. No. 4516 Forest Ave, 15 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 9 mos. 1 da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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) Aug 11 - 1927  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
9 1  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Chief  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1928  
 17. I HEREBY CERTIFY That I attended deceased from Apr 4 1928 to May 12 1928 that I last saw her alive on May 12 1928 and that death occurred, on the date stated above, at \_\_\_\_\_  
 THE CAUSE OF DEATH WAS AS FOLLOWS:  
Broncho Pneumonia  
1000 (duration) yrs. 107 mos. 16 da.  
 CONTRIBUTORY (SECONDARY) Cervical Adenitis  
 (duration) yrs. 5 mos. \_\_\_\_\_ da.

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

Kansas City Mo

**10. NAME OF FATHER**

Geo G Davis

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

Keystonville Mo

**12. MAIDEN NAME OF MOTHER**

Mary Bennett

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

Keystonville Mo

**14. INFORMANT (Address)**

Geo M. Davis  
4516 Forest K.C. Mo

**15. FILED**

May 13 1928 M. M. Growe REGISTRAR  
aw

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? Residence

**1 DID AN OPERATION PRECEDE DEATH? DATE OF**

1 April 7 28

**WAS THERE AN AUTOPSY?**

None

**WHAT TEST CONFIRMED DIAGNOSIS?**

Clinical  
 (Signed) M. M. Growe By M. M. Growe  
5/13 1928 (Address) 1811 Federal Bldg Kansas City

\*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**

**DATE OF BURIAL**

Keystonville Mo May 12 1928

**20. UNDERTAKER**

**ADDRESS**

J. M. Newcomer City

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.

1870

1871

1872