JAN 23 1929

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

Do not use this space.

41249

1. PLACE OF DEATH

County Jackson — Registration District No. ~~5558~~ 1404 — File No.

Township Washington — Primary Registration District No. ~~6358~~ 404 — Registered No. 76

City Kansas city (No. 1809-2-83rd St. Ward)

2. FULL NAME Mrs Dicy Jane Davis

(a) Residence. No. 1809 East 83rd. 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. mos. 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1837

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	91	10	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Tenn

PARENTS

10. NAME OF FATHER John Perkins

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

12. MAIDEN NAME OF MOTHER Sallie Alley

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

14. INFORMANT C. B. Davis (Address) 1809-3-83rd

15. FILED 12/31, 1928 Fred R Lindsey Sec REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-27, 1928, to 12-30, 1928, that I last saw her alive on 12-28, 1928, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis + Old age

131
106A
162

129a

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

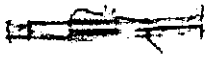
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Leon Jones, M.D

12/30, 1928 (Address) 80th + Paseo

*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
Forest Hill	Dec. 31, 1928
20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons.	Kansas City

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.