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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 19640

Township Kaw — Primary Registration District No. 1002 — Registered No. 2641

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

2. FULL NAME Ira Davis

(a) Residence. No. 4023 Woodland St. 15 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8 - 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	8	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheet metal worker

(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) Oklahoma

PARENTS

10. NAME OF FATHER W. S. Davis

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

12. MAIDEN NAME OF MOTHER Emma Davis

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

14. INFORMANT Record Clerk (Address) K.C. General Hosp

15. FILED 6/26, 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-24 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-17, 1930 to 6-24, 1930 that I last saw him alive on 6-24, 1930 and that death occurred, on the date stated above, at 1:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombophlebitis of right knee (streptococcic infection)

100A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 26 (duration) ..... yrs. ..... 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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin + Lab Find

(Signed) P E Williams, M. D.

6-25, 1930 (Address) Supt K. C. Gen. 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	DATE OF BURIAL
Forest Hill Cemetery	June 26 1930
20. UNDERTAKER	ADDRESS
John J Sheehan	K.C. Mo

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.