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.

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

Do not use this space.

14098

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2736 Raytown Road St. 1006 Ward)
File No.
Registered No. 1006

2. FULL NAME William Davis
(a) Residence. No. 2736 Raytown Road St., 14 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

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

7. AGE: Years 48 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Butcher 157
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Covington
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER John Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Danville, Ill.
12. MAIDEN NAME OF MOTHER Lucetta Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Covington (STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Jessie Rose Sprague
(Address) 2736 Raytown Road

15. FILED 4/6, 1931 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to 4-4-, 1931 that I last saw him alive on 4-3-, 1931, and that death occurred, on the date stated above, at 12 20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart (Cardiac Insufficiency)
131
958
(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Brights Disease
2 (duration) 2 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Nurse, Physical Gen
(Signed) S. B. Hubbard, M. D
4/5, 1931 (Address) 226 Vaughn Bldg

*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: Mt. Moriah — DATE OF BURIAL: 4-6-31 19

20. UNDERTAKER: Freeman Mortuary — ADDRESS: K.C.Mo,