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

Do not use this space.

File No. 25341

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 403

Township Brooking Primary Registration District No. 5557

City (No. Military Country Club Lake St. Ward)

2. FULL NAME Clarence LeRoy David

(a) Residence, No. 1211 Benton St., Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 26 1931

WHITE 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/24/1904

7. AGE: Years 26 | Months 10 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cake Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Campbell Baking Co.

10. Date deceased last worked at this occupation (month and year) July 30, 1931.

11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

FATHER

13. NAME James Alonzo David

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Margret E Ross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Madelin David
(ADDRESS) 1211 Benton K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 7/3/31, 19

19. UNDERTAKER D. V. Newcomer's Sons.
(ADDRESS) Kansas City, Mo.

20. FILED 7-2-, 19 31 W. W. Hobbs M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

Deputy Coroner

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Death by Drowning	
183	183

Other contributory causes of importance:

Not to my knowledge

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. E. Henning, M. D.

(Address) Independence, Mo.

According to information
ascertained by the Deputy
Coroner no boat was
involved. Was missed
by rest of party, and on
search was found dead
by drowning

D. N. Hobbs M.D.,
R.D. Registrar

Was a boat
involved in
this accident

5 (2) 25341 July 1-1931

Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Clarence LeRoy David

Who died at: Jackson Co. on July 1, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Death by Drowning

Contributory: Not to my Knowledge

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

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