

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

Do not use this space.

41223

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Blue Primary Registration District No. 1008
 City Leadmo (No. 16 Subcutaneous Hospital St. Ward)

File No. 5213
 Registered No. 5213

2. FULL NAME

(a) Residence. No. 802 East 8th St. 1 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Davis Thora (wife)</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 17 - 1903</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>3</u>	DAYS <u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Common Labor</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Kansas</u> (STATE OR COUNTRY) <u>Lansing</u>		
PARENTS	10. NAME OF FATHER <u>Davis John</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	12. MAIDEN NAME OF MOTHER <u>Shields Mattie</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931 to Dec 30, 1931.
 that I last saw h. i. a. alive on Dec 30, 1931, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
far advanced
2 yrs (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City Mo
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed)
17/31 1931 (address) Kansas City Mo

*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.

14. INFORMANT Kansas City T. B. Hospital
 (Address) Leadmo

15. FILED 17 1932 M. M. Crane
asst. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge DATE OF BURIAL Jan. 8, 1932

20. UNDERTAKER Adkins Bros ADDRESS 2000 E. 12th

WHITE PAPER 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.

