

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.

8409
988

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kan Primary Registration District No. _____
 City N. C. Mo. (No. Mercy Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Betty Davis
 (a) Residence, No. 14333 Cypress St. 16 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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4, 1930</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K. C. Mo. 1</u>		
FATHER	13. NAME <u>Arthur A. Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Rose Rednick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria 3</u>	
17. INFORMANT <u>Arthur A. Davis</u> (ADDRESS) <u>4333 Cypress Ave N. C. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>March 10, 1932</u>		
19. UNDERTAKER <u>Mrs. C. L. Foster</u> (ADDRESS) <u>918 Broadway Ave</u>		
20. FILED <u>3/9</u> 19 <u>32</u> <u>325m. N. C. Mo</u> <u>asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/27/32, 1932 to 3/9/32, 1932.
 I last saw him alive on 3/9/32, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
107A
89A/040
 Other contributory causes of importance: _____
Bilateral Pleuris Media (Date of onset 2/27/32)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Fun. Lab. 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 _____, 1932
 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) W. M. Howard, M. D.
 (Address) Mercy Hosp.

