

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.

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Raw Primary Registration District No. _____
 City W. C. 2nd (No. 624, Brooklyn) St. _____ Ward _____

File No. 845029
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 624 Brooklyn St., 9 Ward. (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 W 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Davis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1891
 7. AGE YEARS 40 MONTHS 8 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flagman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C.S. 123
 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) Ind 2

13. NAME Tom M Davis

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

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record 31

17. INFORMANT Wm Davis (ADDRESS) 624 Brooklyn ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE March 12 1932

19. UNDERTAKER Mrs. C. L. Carter (ADDRESS) 918 Brooklyn ave

20. FILED 5/12 1932 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1931, 19____, to March 11 1932

I last saw him alive on March 11 1932 Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Permeosis Pneumonia Date of onset _____
 (Date of onset not known) (not well last 7-8 yrs)
7/1A

Other contributory causes of importance: MA (1)

Name of operation _____ Date of _____
 What test confirmed Chemical & anatomic postmortem yes

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. H. H. H., M. D.
1539 Broadway Kansas City Mo
 (Address) _____

W. J. L. Linnville
Cincinnati, H2-5954

2-5