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

Do not use this space.

32403

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 100B — Registered No. 3932

City Kansas city (No. Gen Hosp #2 St. Ward)

2. FULL NAME Davis, Oliver

(a) Residence, No. 1518 Troy St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1915

7. AGE: YEARS 17 — MONTHS 5 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ars 2

FATHER
13. NAME E. D. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Lannie Nickles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ars

17. INFORMANT (ADDRESS) Record Clerk Gen Hosp #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 10/20 1932

19. UNDERTAKER (ADDRESS) Watkins Bros Undt Co 1729 Lydia

20. FILED 10/19 1932 M. M. Crowe Ass Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1932, to 10-17, 1932

I last saw him alive on Oct 17, 1932. Death is said to have occurred on the date stated above, at 7 a.m.

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

Acute appendicitis — Date of onset

121B 121

Other contributory causes of importance:

Appendiceal abscess

Name of operation appendectomy Date of 10-4-32

What test confirmed diagnosis? Lab + Clin Was there an autopsy? No

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) D. M. Miller, M. D.

(Address) Gen. Hosp No 2

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.

[illegible] IS A PERMANENT RECORD