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.

39883

1. PLACE OF DEATH

County Jackson — Registration District No. 359 — File No. 1

Township Kaw — Primary Registration District No. 1002 — Registered No. 4891

City Kansas City (No. 3519 Locust St. Ward)

2. FULL NAME Robert Stuart Davis

(a) Residence, No. 3519 Locust St., 6 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eleanor Elliot Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 8, 1865

7. AGE: Years 67 — Months 11 — Days 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Traffic manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Long-Bell Lumber Company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburgh Pennsylvania

FATHER

13. NAME: Robert Stuart Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburgh Pennsylvania

MOTHER

15. MAIDEN NAME: Clara Fulton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburgh Pennsylvania

17. INFORMANT (ADDRESS): S. P. Thomson 3519 Locust St.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE: Forest Hill Cem. DATE 12-22, 1932

19. UNDERTAKER (ADDRESS): Shine & McClure 3235 Gillham Plaza

20. FILED 12/21, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1920, to 12/21, 1932

I last saw him alive on 12/20, 1932. Death is said to have occurred on the date stated above, at 6 A m.

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

Pneumonia, Broncho — Date of onset 12/7/32

110B
107A
112

107A

Other contributory causes of importance:

Asthma — 4 years
Pleurisy (purulent-sero)

Name of operation: none — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? 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? No

If so, specify

(Signed) J. Q. Chambers, M. D.

(Address) 1025 Rialto

[illegible]

VI [illegible]