16-6

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

Do not use this space.

9515

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No.
Township Kaw — Primary Registration District No. 1608 — Registered No. 1106
City Kansas City (No. 612 Holmes St. Ward)

2. FULL NAME Wm Clifford Davis
(a) Residence, No. 1314 Madison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-1886

7. AGE 46 YEARS — MONTHS 8 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owner & operator
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) Missouri 173

FATHER
13. NAME H. C. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Deceased
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Florence Davis 1314 Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 3/8/ 1933

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc. 3146 Main St.

20. FILED 3/7 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19....
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of Chest — Hemothorax — Hemopericardium. — Date of onset

Other contributory causes of importance:

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Name of operation No Date of
What test confirmed diagnosis? Coloring 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 3/6, 1933
Where did injury occur? 612 Holmes St. K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Business place.
Manner of injury Shot in face of Chest
Nature of injury Gunshot wound & hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M.D.
(Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.