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.

MAY 25 1934

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

Do not use this space.

12753

File No. B 1478

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2622 Campbell St. Ward)
Registration District No. 300
Primary Registration District No. 2980

2. FULL NAME Howard B Davis
(a) Residence, No. 2622 Campbell St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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 Eileny Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1898

7. AGE YEARS 35 MONTHS 6 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Phillips Hotel Co
10. Date deceased last worked at this occupation (month and year) Sept 1933
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City Mo

FATHER
13. NAME Alvin B Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherokee Ks

MOTHER
15. MAIDEN NAME Josephine Lane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labette City Ks

17. INFORMANT (ADDRESS) A. B Davis 2622 Campbell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cherokee Ks DATE Apr. 2nd 1934

19. UNDERTAKER (ADDRESS) Geo F. Porter & Sons 915 Nio Kc Kans

20. FILED 4-2 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934, to Apr. 1, 1934
I last saw him alive on Mar 31, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid Colon
ABC

Date of onset About Jan. 1933

46

Other contributory causes of importance: unknown

Name of operation none Date of
What test confirmed diagnosis? Chemical Exam 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) [signature], M. D.
(Address) 1303 Waldheim Bldg. K.C. Mo.