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

Do not use this space.

20760
2941

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 24 & Grand St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Harvey Clyde Davis
(a) Residence, No. 2612 Monroe St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorraine Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27, 1893
7. AGE Years 41 Months 3 Days 1 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garment Cutter
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) 4 yrs ago
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madisha Kans

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

MOTHER
15. MAIDEN NAME Josie Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ills

17. INFORMANT (ADDRESS) Lee Davis 2612 Monroe
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE July 3 1934
19. UNDERTAKER (ADDRESS) C. A. Thrisen 2512 Holmes St.
20. FILED 7-3 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1934
I HEREBY CERTIFY that I attended deceased from ..., 19..., 19...
I last saw him alive on 7/31, 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:
Primary Occlusion Sclerotic
Antipulmonary Edema
Date of onset
Other contributory causes of importance:
Name of operation Autopsy Date
What test confirmed diagnosis? Was there an autopsy?
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) ..., M. D.
(Address)

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.

AUG 21 1934