OCT 22 1934

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

Do not use this space.

32693

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township [illegible] — Primary Registration District No. 3019 — Registered No. 305
City Independence (No. ..... St. ..... Ward)

2. FULL NAME John B. Davis
(a) Residence No. 217 S Spring St. 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 27 - 1855

7. AGE: YEARS 79 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.
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): Jackson Co.

FATHER
13. NAME: Bisco Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

17. INFORMANT (ADDRESS): Mr. J. D. Strother, 214 S. Pleasant - Indy Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lee Summit DATE Sep 13, 1934

19. UNDERTAKER (ADDRESS): Oth + Mitchell, Independence, Mo.

20. FILED Sept 13, 1934 F. L. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Sept 11, 1934
I last saw him alive on Sept 11, 1934. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Sept 1
107A	
Other contributory causes of importance:	
Chronic Bronchitis	—
Cystitis	—

Name of operation: none — Date of
What test confirmed diagnosis? Clinical. 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) J. C. Hickerson, M. D.
(Address) Independence Mo

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.