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.

OCT 12 1934

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

Do not use this space.

35978

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1
Township Kansas — Primary Registration District No. 1002 — Registered No. 1179
City Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Harry Davis Jr
(a) Residence, No. Lawson Mo St. 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know
7. AGE YEARS 4 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mo

FATHER
13. NAME Harry Davis Jr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ethel Pollard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) J. M. Ward
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawson Mo DATE Oct 8, 1934
19. UNDERTAKER (ADDRESS) J. M. Ward Lawson Mo
20. FILED Oct 7, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1934
22. I HEREBY CERTIFY That I attended deceased from Sequelae Corona, 19..., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above at 11 45 P m.
The principal cause of death and related causes of importance were as follows:
Acute intestinal myocarditis — Date of onset
93 A 93 A
Other contributory causes of importance:
no
Name of operation ..... Date of ..... Ys
What test confirmed diagnosis Autopsy 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) [signature], M. D.
(Address) [signature]