

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

Do not use this space.

42831

JAN 28 '935

**1. PLACE OF DEATH**

County Jackson Co Registration District No. 5000  
 Township Law Primary Registration District No. 1200  
 City Kansas City (No. 3433 Central) St. Jackson Ward

**2. FULL NAME**

(a) Residence, No. 3433 Central 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 James B Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 10 07

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Clay Co Mo

13. NAME Marion Northern

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Lucinda Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mrs E. P. Bryson  
New London Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Spgs DATE Jan 28 1935

19. UNDERTAKER (ADDRESS) John C. Prather  
Excelsior Spgs

20. FILED 12-2 Wm M. Crowe, Cash Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-28 1934 to 12-2 1934

I last saw him alive on 12-1 1934 Death is said to have occurred on the date stated above, at 8:30 am

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis  
12/108

Other contributory causes of importance:  
Lobar Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis biopsy Was there an autopsy? no

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) Dr. Roy Young  
 (Address) 753-4 Wesley Bldg

Kansas City, Mo.

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.

