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.

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

JAN 18 1935

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 180 — File No. 43214
Township KAW — Primary Registration District No. 2038 — Registered No. 5600
City KANSAS CITY (No. 6022 EAST 11TH St. Ward)

2. FULL NAME MRS. IDA R DAVIS
(a) Residence, No. 6022 EAST 11TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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 HARVEY T. DAVIS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 9 1872
7. AGE: YEARS 62 — MONTHS 9 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) GRUNDY COUNTY MISSOURI

FATHER
13. NAME JOHN BOOHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

MOTHER
15. MAIDEN NAME CASSIE CLARK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) MR. HARVEY T. DAVIS 6022 EAST 11TH ST.
18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE DEC. 31 1934
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED 12-28 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 28 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug. or Sept 1933, to Dec 28th 1934
I last saw her alive on Dec 28th 1934. Death is said to have occurred on the date stated above, at 5:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Myocarditis	
23	
23	

Other contributory causes of importance: 23

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Lab + X-Ray 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) John L. Callan, M. D.
(Address) 736 Argyle Bldg

10MM-11-24-33

736 Argyle Bldg.
11:30a 2:30