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

DEC 26 1935

Do not use this space.

36180

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. 22077
City Kansas City (No. St. Mary's Hosp. ..... St. ..... Ward)

2. FULL NAME Charles Thomas Davis
(a) Residence, No. 3418 Benton St., Blvd. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1857
7. AGE YEARS 78 MONTHS 2 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME J. W. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " No. Record

17. INFORMANT (ADDRESS) J. W. Davis 3418 Benton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 11-21 1935
19. UNDERTAKER (ADDRESS) Shiel Funeral Home 6600 Independence
20. FILED Nov. 20, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1935, to 11-19, 1935
I last saw him alive on 11-19, 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure (Chronic myocarditis)	
93	

Other contributory causes of importance:
Atheroma
(Bilateral) (Cocaine Hypertrophy)
Name of operation Ferrotomy Date of 11-15-35
What test confirmed diagnosis? Amical Was there an autopsy? O

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? O Date of injury O, 19....
Where did injury occur? O (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. O
Manner of injury O
Nature of injury O

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. Miller, M. D.
(Address) 707 Argyle

Oct 28