NOV 16 1936

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

Do not use this space.

37785

File No. 4640

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Luke's Hospital St. Ward)

Registration District No. 297
Primary Registration District No. 1002

2. FULL NAME John W. Davis

(a) Residence, No. St., Ward. Greensburg, Kansas
(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: Male
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 Isabel Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13, 1860

7. AGE: Years 76 Months 8 Days 28 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME John W. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

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

17. INFORMANT Manvel H. Davis (son)
(ADDRESS) 1015 Huntington Rd., Kansas Cy., Mo.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Removal
PLACE Greensburg, Kans. DATE October 21, 36

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza.

20. FILED Oct 21 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th, 1936, to Oct. 21, 1936.
I last saw h... alive on Oct. 21, 1936. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructive Carcinoma of the sigmoid colon. Total obstruction 24 hrs. (Liver metastases)	1 yr.?
Other contributory causes of importance:	
General peritonitis	20 hrs.
Pulmonary edema	7 hrs.
1. Resection of colon.	Sept. 21, 1936.
2. Name of operation Colo-colostomy,	October 17, 1936

What was confirmed diagnosis? Laboratory Was there an autopsy? Yes

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) C. D. Swyman, M. D.
(Address) 1314 Prof. Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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