

JAN 19 1937

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

Do not use this space.

45038

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kato Primary Registration District No. 1002 Registered No. 5002
City Kansas City (No. St. Lukes Hospital) St. _____ Ward _____

2. FULL NAME Bessie Davis

(a) Residence, No. 2035 College 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR WIFE OF) David Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Apr 54 X X

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) Russia

FATHER 13. NAME Israel Simon

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT David Davis (ADDRESS) 16 E. 7th

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelley Cemetery DATE 12-31-36

19. UNDERTAKER H. Gorman (ADDRESS) 1928 Prospect P.E. Mo

20. FILED 30 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935, to Dec 29 1936.

I last saw her alive on Dec 29 1936: Death is said to have occurred on the date stated above, at _____ m.

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

auricular fibrillation
mitral stenosis
coronary sclerosis
Date of onset _____

Other contributory causes of importance:
Coronary Artery

Name of operation _____ Date of _____

What test confirmed diagnosis clinical 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 _____

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) H. P. Gorman, M. D.

(Address) 1022 Park Bldg.
H. C. Grove

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.

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