

FEB 25 1937

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

Do not use this space.

1566

1. PLACE OF DEATH  
4 County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 3606 Benton Blvd. ?) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Melvin A. J. Davis  
(a) Residence, No. 3606 Benton Blvd St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
Registered No. 1566

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 Etta Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 28

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. 26<sup>th</sup>

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) Unknown <sup>21</sup>

13. NAME Lemuel H. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown <sup>21</sup>

15. MAIDEN NAME Susan Curry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown <sup>21</sup>

17. INFORMANT Mrs. Kathryn Gooper  
(ADDRESS) Netherlands Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Lees Summit, Mo Jan 23 <sup>37</sup>

19. UNDERTAKER D.W. Newcomer's Sons  
(ADDRESS) \_\_\_\_\_

20. FILED Jan 21, 1937 M.M. Browne  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1936, to Jan 20, 1937

I last saw him alive on Jan 20, 1937 Death is said to have occurred on the date stated above, at 7/10 P.M.

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

Apoplexy  
followed by  
Pneumonia Lobar

Date of onset

1/16/37

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? 103 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) H. Paul McKay M.D.

(Address) 4125 Walnut

H.P. 2716

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.

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1107 Walnut Holliman Building  
Baltimore Optical Supply  
9-12-34

Dr. N. P. McRay  
Va 0169