

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

Do not use this space.

15485

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. K.C. Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2031
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1001 E 11th 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 <u>m.</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jon Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-22-1864</u>		
7. AGE	YEARS	MONTHS
<u>62</u>	<u>92</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		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) <u>Ill.</u>
13. NAME <u>Michael Corcoran</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
15. MAIDEN NAME <u>Dolley Andrews</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>

17. INFORMANT (ADDRESS) <u>1001 E 11th St</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Christ Hill</u> DATE <u>May 1 27</u>
19. UNDERTAKER (ADDRESS) <u>Mr C. J. Spahr</u>
20. FILED <u>Apr 30 1927</u> <u>M. M. Korover</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 27

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1927 to 4-28 1927

I last saw him alive on 4-28 1927 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis; Hypertrophy of Heart

Date of onset 95 B2

Other contributory causes of importance:
Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) P. J. De Maria M. D.
(Address) Supt. K. C. Gen. Hosp. K. C. Mo.

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.

