AUG 11 1937

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

Do not use this space.

26254

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2338
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. K C Gen Hosp St. Ward)

2. FULL NAME Davis Infant
(a) Residence, No. 8603 Roberts St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-37
7. AGE YEARS MONTHS DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) KC (STATE OR COUNTRY) Mo

FATHER
13. NAME Raymond Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Eric Christman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Record Clerk (ADDRESS) K C Gen Hosp K C Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE July 12 1937
19. UNDERTAKER Stahl Funeral Home (ADDRESS) Indep. Mo
20. FILED July 11 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1937
22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1937, to 7-11, 1937
I last saw her alive on 7-11, 1937 Death is said to have occurred on the date stated above, at 3:20 a m
The principal cause of death and related causes of importance were as follows:

Birth Trauma; Tentorial Tear; Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: 160B

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. F. De Maria, M. D.
(Address) Supt K C Gen Hosp K C Mo

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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