

SEP 21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHDo not use this space. *f*

1. PLACE OF DEATH

County JACKSONRegistration District No. 399Township RAWPrimary Registration District No. 1002City KANSAS CITY(No. WESLEY HOSPITAL)File No. 296567Registered No. 3290St. Ward2. FULL NAME MRS. ROSIE DAVIS(a) Residence, No. 3239 HARRISON 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 FE. 4. COLOR OR RACE WH. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WM. DAVIS6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 31 - 19037. AGE YEARS 34 MONTHS 0 DAYS 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W/OOL WORTH9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SALES LADY10. Date deceased last worked at this occupation (month and year) AUG 2 37 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLK CO. MO.13. NAME J. S. ENYART14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREENUP ILLS.15. MAIDEN NAME LIZZIE REDD16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLK CO. MO.17. INFORMANT MRS. ALMA BURTON (ADDRESS) 328 So. 5th AVE.18. BURIAL, CREMATION, OR REMOVAL PLACE HALEWAY, MO. DATE AUG. 6 193719. UNDERTAKER D. W. NEWCOMERS SONS (ADDRESS) 302 & PASEO.20. FILED 8-6 1937 M. M. CURRAN Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 6 193722. I HEREBY CERTIFY, That I attended deceased from Aug 2 1937, to Aug 6 1937I last saw her alive on Aug 6 1937 Death is said to have occurred on the date stated above, at 2:15 P. M.

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

Multiple abscesses of the brain with terminal meningitis caused by rupture of abscesses into meningesOther contributory causes of importance: abscesses were of Streptococcus pyogenesDate of onset Several months up. acute illness began Aug 3 1937

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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. G. E. He, M. D.(Address) Wesley Hospital, 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.

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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. REGISTRARS SMALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

2965-6 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399 (b) Township Primary Registration District No. 1002 (c) City K. C. Mo. (d) Street No. Registered No. 3290 (If death occurred in Hospital or Institution, write its name instead of street and number) (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Rosie David

(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 34 0 5- 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as 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)

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

15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS) 8/4 1977 M. Crowe Local Registrar

20. FILED 8/4 1977 M. Crowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 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:

multiple abscesses of the brain with terminal meningitis caused by ruptured abscesses into the meninges Other contributory causes of importance: Abscesses were of streptococcal origin.

Name of operation 78 Date of

What test confirmed diagnosis? Was there an autopsy?

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) C. G. Elder M. D. (Address) Wesley Hoop K. C. Mo.

SUPPLEMENTARY

S-29656