

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

Do not use this space.

**OCT 19 1937**

**2**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1802  
 City Kansas City (No. 2453; Brooklyn) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 33198

Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Veril Davis  
 (a) Residence, No. 2453 Brooklyn 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 M. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1901

7. AGE YEARS 36 MONTHS 3 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Power Light  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Haldon (STATE OR COUNTRY) Mo

13. NAME Sam Davis

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Mary Ash

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Stella Davis (ADDRESS) 2453 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Carkrille, Mo DATE 9/19 37

19. UNDERTAKER Hatkinest Bros (ADDRESS) 1704 Lydia

20. FILED Sept 7 1937 M. Th. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937 to Sept 4 1937.  
 I last saw him alive on Sept 4 1937 Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Pulmonary Tuberculosis  
23

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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? No

If so, specify. \_\_\_\_\_

(Signed) J. H. Bruce M. D.

(Address) 15-18 E. 18th St.

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.

