

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

Do not use this space.

NOV 18 1937

36658

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas

Registration District No. 399
Primary Registration District No. 1007
(No. Trinity Lutheran Hospital)

File No. 1
Registered No. 2050
St. _____ Ward _____

2. FULL NAME Lawrence Willard Davis

(a) Residence, No. 3812 Terrace St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-37

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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) Ke Mo

13. NAME Arthur Harrison Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa

15. MAIDEN NAME Vera Jasie King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okeo

17. INFORMANT (ADDRESS) Arthur Harrison Davis 3812 Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Tahlequah Okla DATE 10/13/37

19. UNDERTAKER (ADDRESS) J. W. Mast

20. FILED Oct 12 1937 M. M. Cronin

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-37

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1937 to Oct 12 1937

I last saw him alive on Oct 11 1937 Death is said to have occurred on the date stated above, at 2 a. m.

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

Congenital heart anomaly
Atresia of aorta and patent ductus arteriosus

Date of onset Birth

Other contributory causes of importance: Cyanosis (blue baby) 1570

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? No
If so, specify _____

(Signed) F. J. Jones M. D.
(Address) 626 Lathrop Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

McLauray Fred S
6 Thompson
Lynchburg Va

1905 Bonds

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