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

Do not use this space.

JAN 17 1938

44242

File No.

Registered No. 5145

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Raw — Primary Registration District No. 1002

City Kansas City (No. 2123 Jarboe St. Ward)

2. FULL NAME Lelia Davis

(a) Residence, No. 2123 Jarboe 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: F

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1874

7. AGE: Years 62 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Warsaw Mo.

FATHER

13. NAME William Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo.

MOTHER

15. MAIDEN NAME Maggie Hare

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

17. INFORMANT Price Alexander
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo. DATE 12/21 1937

19. UNDERTAKER Watkins Bros.
(ADDRESS) 1129 Lydia

20. FILED Dec. 21 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-14-37 to 12-18-37

I last saw h.... alive on .... 19.... Death is said to have occurred on the date stated above, at 8:45a

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

Date of onset

Mitral Insufficiency 62

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Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation .... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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. C. Alexander M. D.

(Address) 1512 N. 5th St. Leavenworth, Kans.

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.

10-22-36 X9314