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.

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

Do not use this space.

2/1

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1553
Township Kaw — Primary Registration District No. 1002 — Registered No. 241
City Kansas City, Mo. (No. 7412, Belleview St. Ward)

2. FULL NAME Mrs. Susan Elizabeth Davis 120
(a) Residence, No. 7412 Belleview 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph E. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 2, 1853

7. AGE: YEARS 84 — MONTHS 4 — DAYS 13 — 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): Tennessee

FATHER
13. NAME: Thomas A. Lyell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Martha J. Mustian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Mrs. C. E. Austin, 7412 Belleview

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Jan. 17, 1938

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway

20. FILED Jan 17, 1938 M. M. Browne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to Jan 15, 1938
I last saw her alive on Jan 14, 1938. Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1-1-38
Myocardial Infarction	1-1-38
Congestive Heart failure	1-7-38

94 B

Other contributory causes of importance: Arterio-Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? E.K.G. 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) Don Carlos Peete, M. D.
(Address) 531 Argyle Bldg. K. C. Mo.

RECEIVED

FEB 1[illegible] 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Dr. Don Carlos Peete
[illegible]
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