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

Do not use this space.

15229

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 2048

City: Kansas City (No. 4610 Bell St. Ward)

2. FULL NAME John Samuel Davidson

(a) Residence. No. 4610 Bell St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	Wh.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10. 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	6	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Special officer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: Frisco R.R.

9. BIRTHPLACE (CITY OR TOWN): Greenburg
(STATE OR COUNTRY): Ind.

PARENTS

10. NAME OF FATHER: John Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ind.

12. MAIDEN NAME OF MOTHER: Sarah Beggs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia.

14. INFORMANT: Oscar Davidson
(Address): 4610 Bell St

15. FILED 5/22, 19 27 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1927

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1927, to May 21, 1927 that I last saw h. alive on May 20, 1927, and that death occurred, on the date stated above, at 9:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
generalized
anasarca.
(duration) Approx 8 years. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Hemiplegia
(duration) 8 yrs. mos. ds.

18. WHERE DID DISEASE CONTRACT IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine analysis

(Signed) Eugene H. Ingenhut M.D

5/22, 1927 (Address) 1810 W 45th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Antioch Cemetery	5/23/ 1927
20. UNDERTAKER	**ADDRESS**
H. W. Gates	K.C.Ks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.