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

Do not use this space.

File No. 13502
Registered No. 1859

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. Research Hospital St. Ward)

2. FULL NAME: Nell Tabb Davidson

(a) Residence. No. St., Ward. North Kansas City, Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Campbell Davidson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 20, 1885

7. AGE: Years 42 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Virginia
(STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: Willis C. Tabb
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Abbie L.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Iowa

14. INFORMANT: William C. Davidson
(Address): North Kansas City, Mo

15. FILED: 4/24, 1928 M. M. Coffee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1928, to Apr. 22, 1928, that I last saw h. alive on Apr. 22, 1928, and that death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Haemolytic streptococcus septicemia, Mastoiditis, Erysipelas in foot, bilateral Endocarditis
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at her home in Clayton
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Apr. 21, 1928
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? clinical and autopsy findings
(Signed) K. Kuchenbach, M. D.
4-24, 1928 (Address) North Kansas City, Mo.

*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: Mt. Washington, Mo.
DATE OF BURIAL: 4-24 1928

20. UNDERTAKER: Stine & McClure
ADDRESS: 924 Oak

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.