

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

Do not use this space.

33549

1. PLACE OF DEATH

County Jackson
Township Hann
City H.C.

Registration District No. 300
Primary Registration District No. 1007

File No. _____
Registered No. 4088
St. _____ Ward _____

2. FULL NAME

Jno A. Davidson (92h + Cent.)
(a) Residence. No. Savoy Hotel St. 1 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Data

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No Data

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Buffalo N.Y.

10. NAME OF FATHER Jno Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Mary Bruner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Germany

14. INFORMANT Jno Davidson
(Address) Patuxent Neb

15. FILED 10/8 1928 M. M. Caspary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 5, 1928 that I last saw him alive on Oct 5, 1928, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Infectious Osteomyelitis Upper Rt arm
54 (duration) yrs. mos. 5 da.
1550
30 CONTRIBUTORY General Septicaemia with Septic emboli in left lung (SECONDARY) (duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Fred Statch, M. D.
11/6, 1928 (Address) 1010 Chambers Bldg

*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~~ Elmwood Cem DATE OF BURIAL 10/8/28 19

20. UNDERTAKER H. J. Mayberry & Co ADDRESS City Mo

WRITE PLAINLY, WITH INK

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.

