

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

Do not use this space.

40305

1. PLACE OF DEATH

County Trenton
Township Trenton
City Trenton (No.) St. Ward

Registration District No. 330
Primary Registration District No. 3017

File No.
Registered No.

2. FULL NAME

Horace Davidson

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lissie Davidson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 24

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Loc Engineer Roadworker RR
(b) General nature of industry, business, or establishment in which employed (or employer) OR & P Ry
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER James Davidson

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

12. MAIDEN NAME OF MOTHER Matilda Brock

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

14. INFORMANT (Address) E. H. Goff Trenton Mo.

15. FILED Dec 6 1928 E. A. Ruffly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 - 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 10 1927, to Dec 2 1928, that I last saw him alive on about Nov 20 1928, and that death occurred, on the date stated above, at 4:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94A (duration) 1 yrs. 2 mos. da.

CONTRIBUTOR (SECONDARY) Habnurn
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: No.

DID AN OPERATION PRECEDE DEATH: No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) DR. Brooks Crowner, M.D.
12/6 1928 (Address) Trenton 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 Masonic DATE OF BURIAL Dec 6 1928

20. UNDERTAKER Lipscomb ADDRESS Trenton

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.

