

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.

1. PLACE OF DEATH

County Jackson  
Township New  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002

File No. 1429  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 3025 Prospect St. 11 Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

Mrs Flora Davidson

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

June 12 - 1876

7. AGE

YEARS 52 MONTHS 6 DAYS 20  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furniture Store  
(b) General nature of industry, business, or establishment in which employed (or employer) Richard W. Davidson Furniture Store  
(c) Name of employer 3025 Prospect

9. BIRTHPLACE (CITY OR TOWN)

Carrollton Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER

Joe. Stewart Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Lucy Forkner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio  
(STATE OR COUNTRY)

14.

INFORMANT Flora Davidson  
(Address) 3025 Prospect

15.

Jan 3, 1929 M. M. Connors  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Wednesday

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

Jan 2 1929

17.

NOTED BY CERTIFY, That I attended deceased from \_\_\_\_\_, 1929, to Jan 2nd, 1929, that I last saw him alive on Jan 2nd, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_, 11:30 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocardial & Valvular Insufficiency

92A

CONTRIBUTORY (SECONDARY)

Arteriosclerosis  
(duration) \_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Dr. H. H. H. H.  
(Signed) \_\_\_\_\_ M. D.  
, 1929 (Address) 400 Reels 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

DATE OF BURIAL

Ohnwood Jan 15 1929

20. UNDERTAKER

ADDRESS

Elysian Funeral Home 1800 Linwood

Hamel,