

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

Do not use this space.

31193

**1. PLACE OF DEATH**

County Johnson  
Township Warrensburg  
City Warrensburg. (No. .... St. .... Ward)

Registration District No. 431  
Primary Registration District No. 3023

File No. ....  
Registered No. ....

**2. FULL NAME** R. O. Davidson.

(a) Residence No. 423 Broad St. 3 Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11, 1845.

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
84	6	18	

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) Manchester  
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER unknown  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown  
12. MAIDEN NAME OF MOTHER unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Murry Q. Williams.  
(Address) Warrensburg, Mo

15. FILED Oct 5-21 1929 Wm R Patterson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1929, to Sept 29, 1929 that I last saw him alive on Sept 28 at 4:45 A. and that death occurred, on the date stated above, at M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Branch Pneumonia

CONTRIBUTORY (SECONDARY) 107A  
(duration) yrs. mos. ds. 2

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 General  
(Signed) Wm R Patterson M. D.

(Address) Warrensburg 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 Sunset Hill DATE OF BURIAL Oct. 1 1929

20. UNDERTAKER R. Q. Phillips ADDRESS Warrensburg, Mo

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.

51  
28  
4  
2  
2  
31

