

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

Do not use this space.

37510

**1. PLACE OF DEATH**

County Jasper Registration District No. 408 File No. \_\_\_\_\_  
 Township East Jackson Primary Registration District No. 5563a Registered No. \_\_\_\_\_  
 City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charley Davidson  
 (a) Residence. No. County Farm St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 0 22

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Carthage, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Davidson

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

12. MAIDEN NAME OF MOTHER Hattie Rupert

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

14. INFORMANT Jud Howell  
 (Address) Carthage, Mo. R3-B13

15. FILED 11/26, 1929 E. H. Kitcham  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1929

17. HEREBY CERTIFY, That I attended deceased from Nov 21, 1929, to Nov 24, 1929, that I last saw him alive on Nov 29, 1929, and that death occurred, on the date stated above, at 6 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Bright's Disease  
131 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY 12/10 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. E. Baker M. D.  
 , 19 (Address) Carthage 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 Park Cemetery DATE OF BURIAL Nov. 29 1929

20. UNDERTAKER Knee's Store ADDRESS Carthage

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE VERY IMPORTANT. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in every important.

50 1929

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PARENTS

