

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

Do not use this space.

39524

1. PLACE OF DEATH

County Moore
Township Johnson
City Sheridan

Registration District No. 984
Primary Registration District No. 6215

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

2. FULL NAME

Mary Ella Davidson
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

M. A. Davidson

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

May 16, 1857

8. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>6</u>	<u>8</u>	

9. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Life

(b) General nature of industry, business, or establishment in which employed (or employer)

Lined with son

(c) Name of employer

10. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

11. NAME OF FATHER

12. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

13. MAIDEN NAME OF MOTHER

14. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

15. INFORMANT

O. H. Davidson
(Address) Sheridan Mo.

16. FILED

Moore 7.29 J. W. Nigh
1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 24 1929

17.

I HEREBY CERTIFY, That I attended deceased from Nov 23 1929 to Nov 24 1929 that I last saw her alive on Nov 24 1929, and that death occurred, on the date stated above, at 6:24 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis of heart

CONTRIBUTORY (SECONDARY)

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?

(Signed)

, 19 (Address)

*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

Isaiah Cemetery 11-26 1929

20. UNDERTAKER

ADDRESS

Arch C. Dunfee Grant City, Mo.

K. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 23 1929

