

MAR 23 1929

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

Do not use this space.

1927

1. PLACE OF DEATH
 County Miller Registration District No. 561
 Township Franklin Primary Registration District No. 5756
 City Rky. Mt. (No.) St. Ward) (If nonresident, give city or town and State)
 2. FULL NAME Alvin James Davidson
 (a) Residence. No. 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.

File No.
 Registered No. 17

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.

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 not known
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9, 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 0 27
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer Retired
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Iowa
 10. NAME OF FATHER not known
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) not known
 12. MAIDEN NAME OF MOTHER not known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) not known
 14. INFORMANT H. A. Schwinger
 (Address) Eldon, Mo
 15. FILED 1-7 19 29 Belle Haynes
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 19 30
 17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 1-30 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility - But died without
Medical attention
162 (duration) yrs. mos. ds.
 CONTRIBUTORY Undertaker states that it was
 (SECONDARY) Senility (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M. D.
 . 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 Laurel Cem DATE OF BURIAL Jan 7 19 29
 20. UNDERTAKER W. A. Phillips ADDRESS Eldon - Mo

