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

Do not use this space.

File No. 3690
Registered No. 6

1. PLACE OF DEATH
County Scotland
Township Sellers
City Memphis
Registration District No. 810
Primary Registration District No. 6055
St. Ward)

2. FULL NAME Wm R 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18, 1858

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71	11	4	

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) Hitt
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER H F Davidson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Franklin County Mo.
12. MAIDEN NAME OF MOTHER Garrett (Amanda)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Monroe County, Mo

14. INFORMANT James A. Davidson
(Address) Memphis Mo

15. FILED 1/24 30 E. E. Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1930, to January 22, 1930 that I last saw him alive on January 22, 1930, and that death occurred, on the date stated above, at 12 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Weak bolv-heart
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) James A Mitchell, M. D
1/24 1930 (Address) Memphis

*State the DISEASE CAUSING DEATH, or if 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 Memphis cemetery — DATE OF BURIAL 1/24/ 1930
20. UNDERTAKER A. R. Payne & Sons — ADDRESS Memphis

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.