

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

Do not use this space.

11117

**1. PLACE OF DEATH**

County Pike Registration District No. 689  
 Township Buffalo Primary Registration District No. 2032  
 City Louisiana, Mo. (No. Pike County Hospital)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Rella Chilton Davidson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 2-9-17

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
14 1 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School child  
 (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)** Missouri

**10. NAME OF FATHER** James Davidson

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

**12. MAIDEN NAME OF MOTHER** Velma Reeds

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

**14. INFORMANT** James Davidson  
 (Address) Louisiana Mo. RFD #1

**15. FILED** 3/23/31 J. H. H. H. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 23 1931

**17. I HEREBY CERTIFY**, That I attended deceased from March 19<sup>th</sup> 1931 to March 23<sup>rd</sup> 1931 that I last saw him alive on March 23<sup>rd</sup> 1931, and that death occurred, on the date stated above, at 9:50 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Lobar Pneumonia  
11 A  
100 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Griff (3)  
 (duration) yrs. mos. ds. 4

**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? Clinical

(Signed) H. Guy Hetherington, M. D.  
3/23, 1931 (Address) Louisiana 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** Clarkville Mo **DATE OF BURIAL** 3/25 1931

**20. UNDERTAKER** H. E. Carole **ADDRESS** Clarkville Mo

APR 25 1931

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

