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

Do not use this space.

25

1. PLACE OF DEATH

2 County Andrew — Registration District No. 9 — File No. 2

Township Benton — Primary Registration District No. 5012 a — Registered No. 9

City ~~Savannah~~ Rosendale — St. — Ward)

2. FULL NAME James T. Davison

(a) Residence. No. — St., — Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

FEB 20 1934

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: widower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4 – 7 – 1846

7. AGE: Years 85 — Months 9 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) no record
(STATE OR COUNTRY) Dade Co., Mo. 1

PARENTS

10. NAME OF FATHER James T. Davison Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) no record
(STATE OR COUNTRY) Virginia 2
12. MAIDEN NAME OF MOTHER no record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) — —
(STATE OR COUNTRY) — — 31

14. INFORMANT Lewis Davison
(Address) Rosendale Mo.

15. FILED Jan 25 1932, 19 — J. W. Cann, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1932, 19 , to Jan 24, 1932 that I last saw him alive on Jan. 24, 1932, and that death occurred, on the date stated above, at 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion
118C
118
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Impulsion
(Signed) V. R. Nelson, M. D
, 19 (Address) Rosendale 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: Gravel Wall Cem. — DATE OF BURIAL: Jan. 26 1932

20. UNDERTAKER: J. Fred Terhune — ADDRESS: Savannah Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.