

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 1955 Clay street) St. _____ Ward _____

File No. 7423
 Registered No. 222

2. FULL NAME Marion Agnes Davison

(a) Residence, No. 1955 Clay street St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Halifax (STATE OR COUNTRY) Nova Scotia

FATHER 13. NAME Richard Wallace

14. BIRTHPLACE (CITY OR TOWN) Halifax (STATE OR COUNTRY) Nova Scotia

MOTHER 15. MAIDEN NAME Annie Callahan

16. BIRTHPLACE (CITY OR TOWN) Halifax (STATE OR COUNTRY) Nova Scotia

17. INFORMANT Walter S. Davison (ADDRESS) 1955 Clay St. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Akron Ohio. DATE March 9 1932

19. UNDERTAKER A. O. Sindenbach (ADDRESS) 1802 Union st. St. Joseph Mo.

20. FILED B-6 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1930, to March 5 1932
 I last saw h. or alive on Feb. 28 1932 Death is said to have occurred on the date stated above, at 4 P.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset July 1930
46
1930 46 15
 Other contributory causes of importance: Broncho Pneumonia (Terminal) Nov 1932
 Name of operation Gastrectomy Date of Nov. 1930
 What test confirmed diagnosis? metastases Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury road
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. Thompson M. D.
 (Address) 225. Chamber St. St. Joseph, 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.

APR 25 1932

