

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

Do not use this space.

16726

1. PLACE OF DEATH
 County Mason Co Registration District No. 527
 Township _____ Primary Registration District No. 5209
 City Waverly (No. 4313) St. _____ Ward _____

2. FULL NAME John F. Davison
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Susa Davison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>29</u>	<u>1</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) (STATE OR COUNTRY) Illinois

13. NAME John Davison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Labitha Lockmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Fred. Davison
(ADDRESS) Waverly, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE East Oakwood Cemetery DATE May 23, 1932

19. UNDERTAKER B. G. Edwards
(ADDRESS) Waverly Mo

20. FILED May 22, 1932 Dave J. Edwards
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from December, 1931, to May 1, 1932
 I last saw him alive on May 4, 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis, (Chronic)
Renal Asthma, Arteriosclerosis, Progressive Anemia, Cardiac Dilatation.
 Date of onset 1931
95B 131 (3)
 Other contributory causes of importance:
Renal Asthma, Arteriosclerosis, Progressive Anemia, Cardiac Dilatation.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Yes, Good School Interest
 (Signed) E. W. Wheeler
 (Address) Waverly, Mo.

WHITE 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.

JUN 23 1932

