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

Do not use this space.

AUG 22 1932

1. PLACE OF DEATH
County Buchanan — Registration District No. 83 — File No. 22031
Township — Primary Registration District No. 1001 — Registered No. 703
City St. Joseph. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Ralph W Davison
(a) Residence. No. Greenwood Addittion St., Ward.
(Usual place of abode) Greenwood (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 30, 1910

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 22 | 5 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Auto Parts Dept. 41
(b) General nature of industry, business, or establishment in which employed (or employer) Miller Chev. Co.
(c) Name of employer St Joseph Mo.

9. BIRTHPLACE (CITY OR TOWN) Quincy
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER James Davison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Dora Sollars
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Sylvia Davison
(Address) Greenwood Add. St Joseph Mo.

15. FILED JUL 1 9 1932 John R Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1932

17. I HEREBY CERTIFY, That I attended deceased from 7.13.32, 19..., to 7.19.32, 19..., that I last saw him alive on 7.19.32, 19..., and that death occurred, on the date stated above, at 7.45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolus

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Suppurative Appendicitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 121 (1)

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7.13.32

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination & Laboratory

(Signed) J. H. Ryan, M.D.
, 19 (Address) Kirkpatrick Bldg St Joseph 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: Ashland Cemetery St. Joseph Mo.
DATE OF BURIAL: July 21 1932

20. UNDERTAKER: H. D. Sidenfaden
ADDRESS: 1802 Union st.

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.