

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

Do not use this space.

35447

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township N. Campbell Primary Registration District No. 5439
 City Springfield (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Calvinus Ferdinand Davidson

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

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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Ann Davidson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	73	7	6	

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

9. BIRTHPLACE (CITY OR TOWN) Near Ozark
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Alvare Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Nancy Luncheon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Tenn

14. INFORMANT R. G. Davidson
 (Address) Springfield Mo

15. FILED _____, 19 _____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ that I last saw him alive on Oct 31, 1932, and that death occurred, on the date stated above, at 12 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
accompanied by Rheumatism
- Myocardial infarction
collected by _____ (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Brother's Compensation
 (SECONDARY) infarction (duration) _____ yrs. 7 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) E. H. Elvman, M.D.
 (Address) 312 Mrs David Bldg

*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 Springfield Mo DATE OF BURIAL 11/2 1932
 20. UNDERTAKER B. C. Klepper ADDRESS Ozark Mo.

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. JAN 9 1933

state records
and important

fully supplied
and proper

of every item of interest
PLEASE ORDER

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn Registration District No. 218
Township N. Campbell Primary Registration District No. 5439
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

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

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Ann Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 7 6

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

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) Near Ozark Mo

13. NAME Alvon Davidson

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

15. MAIDEN NAME Nancy Duncan

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

17. INFORMANT Reg. Davidson
(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE 11-2 1933

19. UNDERTAKER B. C. Klepper
(ADDRESS) Ozark Mo.

20. FILED 1-18 1933 Ralph W. Langston
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 1932

I last saw him alive on Oct 31, 1932. Death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset _____
decompensated by dilatation
of aortic orifice, mitral stenosis
and incompetence

Other contributory causes of importance:

Broken Compensation
exhaustion

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

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 _____

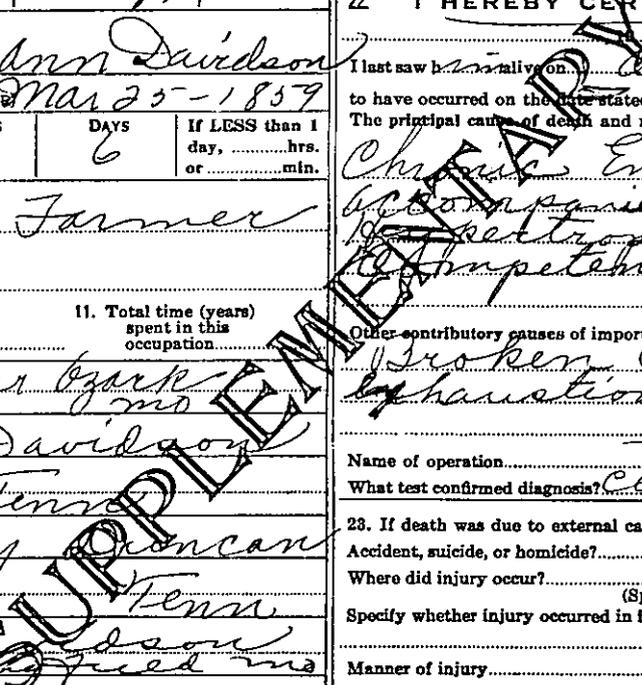
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. H. Claman M. D.

(Address) 312 McDaniel Bldg.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.



S-35447