

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

Do not use this space.

1. PLACE OF DEATH
 County Worth Registration District No. 1119
 Township Madison Primary Registration District No. 6213
 City Worth (No. 1) St. _____ Ward _____
 2. FULL NAME Chas E 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.

File No. 12199
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Suey Davidson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1875
 7. AGE YEARS 57 MONTHS 9 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Smithton Missouri

13. NAME Wm Davidson

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

15. MAIDEN NAME Ether Mary Smith

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

17. INFORMANT Suey Davidson
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton DATE Mar. 5 1933

19. UNDERTAKER Hayes Andrews
 (ADDRESS) 20 North 1st

20. FILED Mar. 5 1933 Mar 9 Andrews
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1933 to Feb 2 1933

I last saw him alive on Feb 24 1933 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Myocardial Hypertension
 100% 100%
 Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 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? _____

If so, specify _____

(Signed) John Andrews M. D.
 (Address) Frank City 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.

