

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

Do not use this space.

18755

**1. PLACE OF DEATH**

113 County Wright  
Township Smith  
City Missouri (No. \_\_\_\_\_)

Registration District No. 903  
Primary Registration District No. 6211

File No. \_\_\_\_\_  
Registered No. 14 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1860

7. AGE YEARS 72 MONTHS 7 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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. none

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation. all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheldon, Missouri

MOTHER 13. NAME Thomas L Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, New Indiana

15. MAIDEN NAME Rebecca Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, New Indiana

17. INFORMANT (ADDRESS) Don Davidson, Myer, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant cemetery DATE 5/31 1933

19. UNDERTAKER (ADDRESS) Arch C Duffee, Grant City, Mo.

20. FILED 5-31 1933 John Andrews Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1930 to May 30 1933  
I last saw him alive on May 28 1933 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis Date of onset 1930  
Varicolar heart 1931  
and disease  
g4B  
Other contributory causes of importance:  
Acute Coronary  
Sclerosis May 30/33

Name of operation none 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? NO  
If so, specify \_\_\_\_\_  
(Signed) O L Sullertox M. D.  
(Address) Pidding Iowa

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.

JUL 28 1933

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