

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

Do not use this space.

**20131**

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

1. PLACE OF DEATH  
49 County Jasper Registration District No. 411  
7 Township Madison Primary Registration District No. 2007  
5 City Joplin (No. \_\_\_\_\_)  
2. FULL NAME George H. Davidson  
(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? 51 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 Rose Davidson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 - 1882  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 1 3  
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) Jasper County Mo.  
13. NAME George H. Davidson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poliver Mo.  
15. MAIDEN NAME Harriet W. Rhodes  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia  
17. INFORMANT Rose Davidson  
(ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL Christophers  
Buried at Joplin DATE \_\_\_\_\_, 19\_\_\_\_  
19. UNDERTAKER J. G. Macke  
(ADDRESS) Christophers  
20. FILED 6-30-33 Ed Jones  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 - 1933  
22. I HEREBY CERTIFY, That I attended deceased from June 26 - 1933, to June 30 - 1933  
I last saw him alive on June 30 - 1933 Death is said to have occurred on the date stated above, at 2:35 P.M.  
The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency some of Heart Date of onset 3 yrs  
92 P. 125 B 92 A  
Other contributory causes of importance:  
Jamndice from Hepatic or enlargement of liver  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Physical Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) A. S. Winchester, M. D.  
(Address) Joplin, 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.

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