

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32041

1. PLACE OF DEATH

County Worth
 Township Union
 City Sherridan

Registration District No. 904
 Primary Registration District No. 621.5

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30, 1911</u>		
7. AGE YEARS <u>22</u>	MONTHS <u>3</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>	11. Total time (years) spent in this occupation <u>Life</u>
	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) <u>Sept. 1933</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sherridan Mo.</u>
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FATHER	13. NAME <u>O. H. Davidson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sherridan Mo.</u>

MOTHER	15. MAIDEN NAME <u>Rosa M. J. J. J.</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sherridan Mo.</u>

17. INFORMANT (ADDRESS) <u>O. H. Davidson</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sherridan Mo.</u>	DATE <u>9/8/33</u>
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19. UNDERTAKER (ADDRESS) <u>Dr. C. D. Duffell</u>
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20. FILED <u>Sept 8, 1933</u>	<u>Mrs. Lillian Boyd</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 193322. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933 to Sept 6, 1933I last saw h. in alive on Sept 6, 1933 Death is saidto have occurred on the date stated above, at 3:00 P. M.

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

Diabetic coma Date of onset 9-5-33Other contributory causes of importance: Diabetes 2 yrs.

Name of operation _____ Date of _____

What test confirmed diagnosis? Blood Sugar Was there an autopsy? no

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) P. J. Ross, M. D.(Address) Granville Mo.

