

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.

P. m. c.

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

Do not use this space.

4159

MAR 24 1934

1. PLACE OF DEATH

County *Callaway*
Township *Central*
City *Central* (No.)

Registration District No. *213*
Primary Registration District No. *5152B*

File No. *4*
Registered No.
St. Ward)

2. FULL NAME

Frank 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 *75* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lucy Davidson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 15-1851</i>		
7. AGE	YEARS <i>82</i>	MONTHS <i>10</i>
	DAYS <i>9</i>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Carpenter</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Retired</i>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Louisville Ky*
(STATE OR COUNTRY)

13. NAME *Gas F Davidson*

14. BIRTHPLACE (CITY OR TOWN) *Ky*
(STATE OR COUNTRY)

15. MAIDEN NAME *No information*

16. BIRTHPLACE (CITY OR TOWN) *Do not know*
(STATE OR COUNTRY)

17. INFORMANT *J. M. Davidson*
(ADDRESS) *Central Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Pleasant* DATE *2/25*

19. UNDERTAKER *Dawson - Jackson*
(ADDRESS) *Central Mo*

20. FILED *2125* 1934 *St. Louis M.A.*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 24 34*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 20 34* to *Feb 24 34*
I first saw him on *Feb 23 34*, 1934. Death is said to 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:

Bronchopneumonia
Arteriosclerosis

Name of operation

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

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *J. G. Bruner* M. D.
Jefferson City
(Address)

