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.

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

FEB 26 1935

Do not use this space.

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No. 5988
Township — Primary Registration District No. 3026 — Registered No. 22
City Chillicothe Mo (No. ..., ... St. ... Ward)

2. FULL NAME Allie May Davidson
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May Davidson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 3 1882
7. AGE: YEARS 53 — MONTHS 9 — DAYS 1 — 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.: ✓
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): Grundy Co Missouri

FATHER
13. NAME: Henry Dockery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy Co Missouri

MOTHER
15. MAIDEN NAME: Mary Hardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkown

17. INFORMANT (ADDRESS): Mrs. Howard Yocum, Jamesport, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelborn Cem DATE Feb 8 1935
19. UNDERTAKER (ADDRESS): Avis Raberson, Jamesport Mo.
20. FILED Feb. 7 1935 Donald M. Dawell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4, 1935
22. I HEREBY CERTIFY, That I attended deceased from 2-3 1935 to 2-4, 1935
I last saw her alive on Feb 3, 1935. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris — Date of onset 2-3
Other contributory causes of importance: Acute Indigestion
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) G. D. Harris, M. D.
(Address) Jamesport Mo