MAY 24 1935

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

Do not use this space.

399

File No. 12936

Registered No. 4038

1. PLACE OF DEATH

County Jackson — Registration District No. 1002

Township Kaw — Primary Registration District No.

City Kansas City — (No. 321 West Armour Blvd. St. Ward)

2. FULL NAME Hattie L. Davidson

(a) Residence, No. 321 West Armour St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF J. K. Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6th 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. At home

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) Jacksonville Illinois

FATHER

13. NAME Capt. John Weller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Nancy Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) C. H. Davidson 321 West Armour Blvd

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Liberty, Mo DATE April 17, 1935

19. UNDERTAKER (ADDRESS) Stiers & McClure 3235 Gillham Place

20. FILED 4-16, 1935 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935, to Apr. 15, 1935

I last saw her alive on Apr. 15, 1935. Death is said to have occurred on the date stated above, at 2 P.M.

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

	Date of onset
Chronic Cordis	
Renal disease	
131	

Other contributory causes of importance: Arteriosclerosis Interstitial nephritis

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? No

If so, specify

(Signed) J. J. Davis M.D.

(Address) 1010 Professional Bldg.

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.

222

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[illegible]