

WHILE IN PRINT, 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.

JAN 18 1936

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

Do not use this space.

40537

1. PLACE OF DEATH

County Lincoln
Township Hayti
City (No. _____) _____

Registration District No. 65-3
Primary Registration District No. 3864

File No. _____
Registered No. 276
St. _____ Ward _____

2. FULL NAME

Lennie Frances 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
✓ ✓ 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Lincoln Co. Mo.

13. NAME Lennie Will Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio - C. J.

15. MAIDEN NAME Lena Glass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) J. H. Wagner Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti, Mo. DATE 12-20, 1935

19. UNDERTAKER (ADDRESS) Ray m. l. Co. Hayti, Mo.

20. FILED 1-10, 19 36 J. W. Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from A. B. B. 1935 to _____, 1935

I last saw h. _____ alive on _____, 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Atelactasis

Date of onset

Other contributory causes of importance: _____

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 _____, 1935

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) William J. Hill, M. D.

(Address) Hayti, Mo.

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