MAY 23 1936

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

Do not use this space.

16213

1. PLACE OF DEATH

County Nodaway — Registration District No. 626 — File No.

Township ~~Polk~~ — Primary Registration District No. 3081 — Registered No. 48

City Maryville, Mo. (No. St Francis Hospital St. Ward)

2. FULL NAME Deloris Margaret Davison

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-10-1919

7. AGE: YEARS 17 — MONTHS 0 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child 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): Near Filmore, Mo.

FATHER

13. NAME: John Davison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Co., Mo.

MOTHER

15. MAIDEN NAME: Isabelle Chandler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Co., Mo.

17. INFORMANT (ADDRESS): John Duncan, Bolckow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Filmore Cem. DATE 4-21-1936

19. UNDERTAKER (ADDRESS): Campbell Funeral Home Maryville, Mo.

20. FILED 4-21 1936 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-19-1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ~~19 to~~, 19

I last saw h~~alive on~~, 19 Death is said to have occurred on the date stated above, at 1 A m.

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

Intra abdominal hemorrhage

210 M

Date of onset

Other contributory causes of importance:
Fr. Both femurs
Brain concussion

Name of operation no Date of

What test confirmed diagnosis? Exam. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-19, 1936
Where did injury occur? Maryville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway
Manner of injury auto accident
Nature of injury as above

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

(Signed) Jas. Lowbet, M. D.
(Address) Coroner Maryville Hod Co

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.