

MAY 28 1936

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

Do not use this space.

18227

1. PLACE OF DEATH

County StoddardTownship RoadCity Richland

(No.)

Registration District No. 839Primary Registration District No. 6101

File No.

Registered No. 21

St. Ward)

2. FULL NAME

Dolly Belle Davidson

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGrover C. Davidson

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

Oct. 5, 1886

7. AGE

YEARS

49

MONTHS

6

DAYS

20If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housewife

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)

Essex, Mo.

(STATE OR COUNTRY)

FATHER

13. NAME

John Pruitt

14. BIRTHPLACE (CITY OR TOWN)

Tennessee

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Sarah Jurnigan

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

17. INFORMANT

Grover C. Davidson

(ADDRESS)

Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dexter, Mo.DATE 4/27/36

19.

19. UNDERTAKER

Blankenship-Strickland

(ADDRESS)

Dexter, Mo.

20. FILED

4/261936J. P. Brander

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25/36

19

22. I HEREBY CERTIFY, That I attended deceased from

2-20-34 to 4-25-36I last saw deceased on 4-25-36to have occurred on the date stated above, at 8:30 pm

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

Corduroy

Date of onset

19Other contributory causes of importance: 950224Name of operation. Chloroform

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) J. P. Brander

M. D.

(Address).....

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.

