

JUN 17 1936

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

Do not use this space.

18674

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City Joseph (No. 1702 No 10)

File No.

Registered No. 764

St. Ward

2. FULL NAME

Francis Edward Davison

(a) Residence, No. 1702 No 10 St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1852

7. AGE YEARS 83 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 10 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME William Davison

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Bertha Lacy (ADDRESS) 1702 No 10

18. BURIAL, CREMATION OR REMOVAL Auburn DATE 6-3-36

19. UNDERTAKER Barry - Haffel (ADDRESS) 718 No 10

20. FILED June 23 1936 N. J. Nestlebusch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936, to 5-31-36, 1936. I last saw him alive on 5-29-36, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

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

Heart muscle foot Jan 1936
Other contributory causes of importance: arterio-sclerotic
AEC - 35

Name of operation no Date of
What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? checked 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 checked Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) L. Chausman, M. D. (Address) 608 Westport Rd, J. P. Co. No

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.

