

WRITE PLAINLY, 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.

JUN 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Liberty
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 201
Primary Registration District No. 5280

22343
49

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. O'Fallon Davidson
(Usual place of abode) Chandler Mo. 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1882

7. AGE YEARS 54 MONTHS 0 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for J. F. Chase
10. Date deceased last worked at this occupation (month and year) 1 mo. 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.

13. NAME L. A. Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.

15. MAIDEN NAME Fannie Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

17. INFORMANT (ADDRESS) R. A. Davidson
Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 5/27/36

19. UNDERTAKER (ADDRESS) Church - Archer Co
Liberty Mo

20. FILED 6/1 19 6 8 1 Burk
Opent Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

22. I HEREBY CERTIFY, that I attended deceased from April 1, 1936, to June 1, 1936

I last saw him alive on May 31, 1936 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:

Myocarditis - acute

Date of onset _____

Other contributory causes of importance atherosclerosis of coronary arteries

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? _____

If so, specify _____

(Signed) F. H. McCoy, M. D.

(Address) Liberty Mo

