

DEC 4 1936

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

Do not use this space.

40209

1. PLACE OF DEATH

County North Registration District No. 204
Township First Primary Registration District No. 43-46
City Sherridan No. _____ St. _____ Ward _____

2. FULL NAME

Cora Shades Davidson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 24 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James L. Davidson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18, 1871</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>1</u>	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for 1 yr. after husband died</u>			
	10. Date deceased last worked at this occupation (month and year) <u>April 1936</u>			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sherridan Mo.</u>				
MOTHER	13. NAME <u>William J. Shades</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
	15. MAIDEN NAME <u>Charlet French</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Corn.</u>			
17. INFORMANT <u>Mrs. Coy mo.</u> (ADDRESS) <u>Sherridan, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sherridan Mo.</u> DATE <u>10/26/36</u>				
19. UNDERTAKER <u>Arch C. Dwyer</u> (ADDRESS) <u>Sherridan Mo.</u>				
20. FILED <u>Nov 5 1936</u> <u>Mrs O. H. Bond</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to Oct 25, 1936
I last saw her alive on Oct 25, 1936 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma

Date of onset

Other contributory causes of importance:

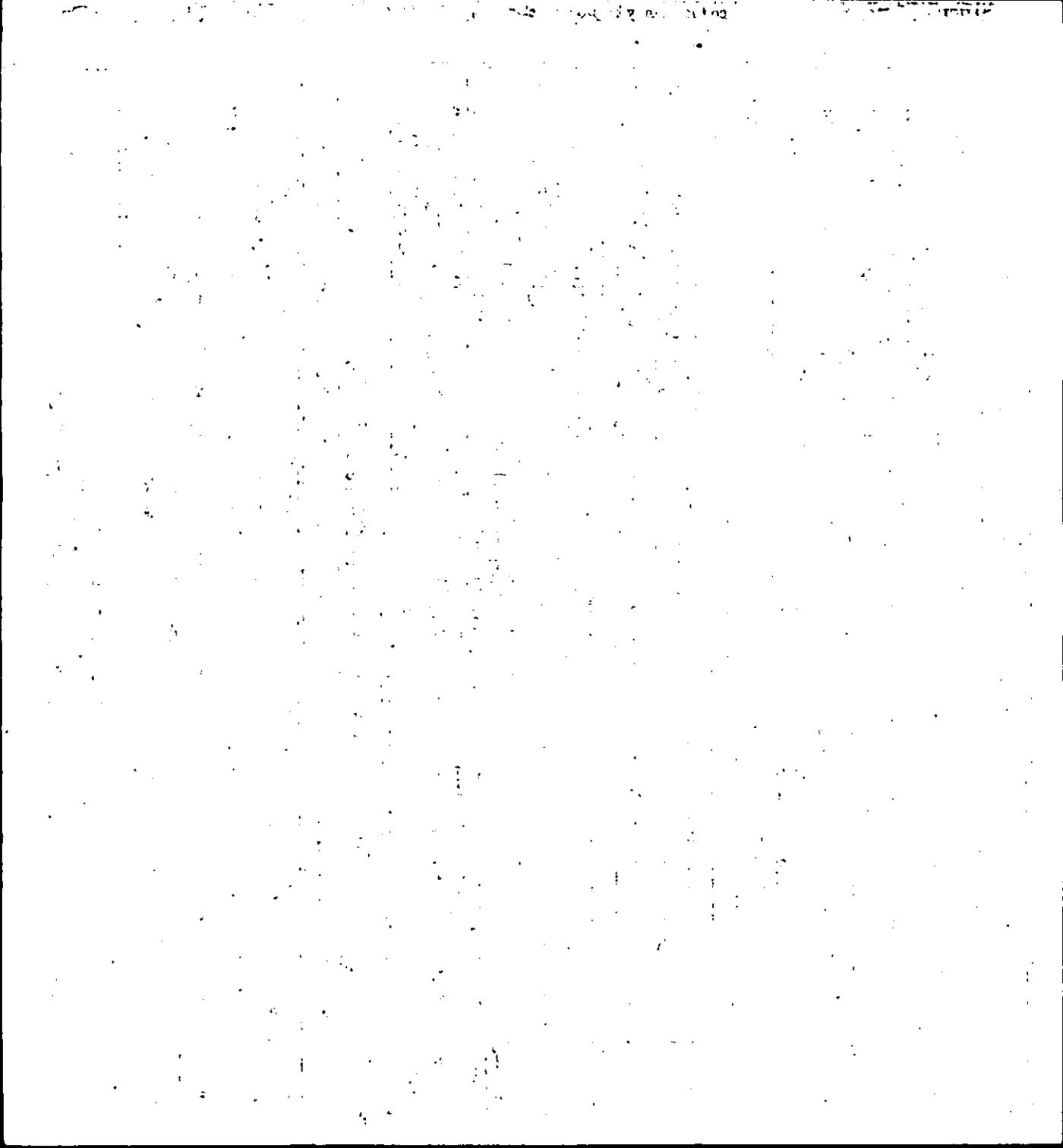
Name of operation _____ Date of _____
What test confirmed diagnosis Impacted Was there an autopsy? _____

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? no
If so, specify _____
(Signed) Al Lang, M. D.
(Address) Sherridan

Every record of information should be carefully supplied. A O B should be stated EARLY. FIVE CARRIAGES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Warth

Registration District No. 804

File No. _____

Township _____

Primary Registration District No. 43-46

Registered No. _____

City Sheridan (No. _____)

St. _____ Ward _____

2. FULL NAME

Cora Shader 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1931

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

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

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

I last saw h. _____ alive on _____, 19____. 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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 65 1 7

Carcinoma Date of onset _____

OCCUPATION 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 _____

Left breast Other contributory causes of importance: _____

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

FATHER 13. NAME _____

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME _____

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.

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

17. INFORMANT (ADDRESS) _____

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED Nov-5- 1931 myr O. H. Bond Registrar

(Signed) A. C. Row M. D. (Address) Sheridan mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-40209