DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County Christian
Township Sparta
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 185
Primary Registration District No. 5258

File No. 40687
Registered No. .....

2. FULL NAME William Henry 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

3. SEX Male
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 OF Maybelle Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 of 1873

7. AGE YEARS 63 MONTHS DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
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) Hartville Missouri

FATHER
13. NAME Arther Davidson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Sarah Asberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartville Mo.

17. INFORMANT (ADDRESS) Lloyd Davidson Sparta, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monger Cem. DATE Nov. 6th 1936

19. UNDERTAKER (ADDRESS) Rathbun Ind. Co Sparta Mo

20. FILED 12-4 1936 Josephine Merritt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936 to Nov 5th, 1936
I last saw him alive on Nov. 5, 1936 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis	10-25-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy. ex. Was there an autopsy? No

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) H. J. Rise, M. D.
(Address) Sparta, Mo