

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

 41 County Harrison
 Township Hazel Creek
 City (No.)

 Registration District No. 334
 Primary Registration District No. 5468

 File No. 6005
 Registered No. 16

2. FULL NAME

Edmond 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marney Davidson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6 - 1848</u>		
7. AGE	YEARS	MONTHS
	<u>29</u>	<u>5</u>
		DAYS
		<u>19</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>farmer</u>	
	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) <u>Feb 23 - 1937</u>	
	11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Missouri</u>	
FATHER	13. NAME <u>John Davidson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Indiana</u>	
	15. MAIDEN NAME <u>Sarah Ann Rice</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Missouri</u>	
	17. INFORMANT <u>Mr. Marney Davidson</u> (ADDRESS) <u>Osborne, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Liberty</u> DATE <u>Feb 26 - 1937</u>	
	19. UNDERTAKER <u>W. D. Haines</u> (ADDRESS) <u>Johnson City, Mo.</u>	
	20. FILED <u>2-26-</u> 19 <u>37</u> <u>A. L. Weisling</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1937
 22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1937, to Feb 24 1937.
I last saw him alive on Feb 23 1937. Death is saidto have occurred on the date stated above, at 9 am.

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

acute Deletation of heart

 Date of onset
Feb 22
1937

Other contributory causes of importance:

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? No

If so, specify

(Signed) W. J. Warren , M. D.(Address) Johnson City, Mo.

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.

