

MAR 22 1937

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

Do not use this space.

7143

1. PLACE OF DEATH

 County Macon
 Township Lida
 City Atlanta (No. St. Ward)

 Registration District No. 526
 Primary Registration District No. 5700

 File No.
 Registered No.

2. FULL NAME

 (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 28 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 Marsena Davison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27th 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 3

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. Farmer

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) Macon Ga13. NAME James B. Davison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Susan Wingate16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Carl Davison (ADDRESS) Atlanta Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Milam Chapel - 2-7-193719. UNDERTAKER H. M. Eddings (ADDRESS) Atlanta Mo20. FILED Mar 2, 1937 A. L. Cannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 193722. I HEREBY CERTIFY, That I attended deceased from January 25, 1937, to Feb 5, 1937I last saw him alive on Jan 5, 1937. Death is saidto have occurred on the date stated above, at 7 P. m.

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

Influenzal EncephalitisDate of onset Feb 4Other contributory causes of importance: 118

Name of operation 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? Date of injury

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) A. L. Cannon, M. D.(Address) Atlanta Mo

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.

