

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Jefferson City
City Jefferson City (No. 2)

Registration District No. 213
Primary Registration District No. 3014

File No. 11656
Registered No. 111
St. _____ Ward _____

2. FULL NAME

Agnes S. Davidson
(a) Residence, No. Bonerville Road Ward _____
(Usual place of abode)

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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1859

7. AGE YEARS 77 MONTHS 5 DAYS 0 If LESS than 1 day, hrs. or min.

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 _____

OCCUPATION 1 2 3 4 5 6 7 8 9 10 11 12

FATHER

MOTHER

1 2 3 4 5 6 7 8 9 10 11 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Organ, Mo.

13. NAME Thomas Frank

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

15. MAIDEN NAME Jackson

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

17. INFORMANT (ADDRESS) W. A. Davidson Bonerville Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Organ DATE 3/14/37

19. UNDERTAKER (ADDRESS) Brecher's Funeral Home Jeff City Mo.

20. FILED 3/12/37 1937 Wm. J. M. S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12/37 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/28/36, 1936 to 3/12/37, 1937

I last saw him alive on 11/2/37, 1937 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:

Coronary heart disease 12/28/36

Other contributory causes of importance: GA

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 _____, 1937

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) Wm. J. M. S., M. D.

(Address) Jefferson City Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

