MAY 15 1937

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

Do not use this space.

15058

**1. PLACE OF DEATH**

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 3612 E. 35th St. Ward)

**2. FULL NAME** Birch Eugene Davidson

(a) Residence, No. 3612 E. 35th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1902

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 2 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest Western

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Envelope Co.

10. Date deceased last worked at this occupation (month and year) March 30, 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fristoe Mo.

FATHER

13. NAME E.P. Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fristoe Mo.

MOTHER

15. MAIDEN NAME Virginia Salley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fristoe, Mo.

17. INFORMANT (ADDRESS) M.A. McMillen 931 Church K.C.K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE 4-5-37

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons

20. FILED 4-3- 1937 M M Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937, to Apr 3 - 1937

I last saw him alive on Apr 2, 1937 Death is said to have occurred on the date stated above, at 3:50A m.

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

Lobar Pneumonia — Date of onset 3/28/37

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Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — 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?

If so, specify

(Signed) H C Trippe, M. D.

(Address) 710 Prof. Bldg KC 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.

Prof. Bldg.
7Ha 3454