

JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township Washington
City Washington (No. _____) St. _____ Ward _____

Registration District No. 8757
Primary Registration District No. 6162

File No. 21597
Registered No. 154

2. FULL NAME

Arthur Davidson
(a) Residence, No. State Hospital #3, Nevada Ward. Liberal, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
54 3 20

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Salesman

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

10. Date deceased last worked at this occupation (month and year) 2-2-37 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottsville, Ky.

13. NAME Ewing Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green, Ky.

15. MAIDEN NAME Lena Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County, Ky.

17. INFORMANT Record Room, State Hosp #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal Mo. DATE 6-6-1937

19. UNDERTAKER BERRYMAN FUNERAL SERVICE (ADDRESS) 1130 4th Mo.

20. FILED 6/6 19 37 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-20-1937, to 6-6-1937

I last saw him alive on 6-5-1937 Death is said to have occurred on the date stated above, at 2³⁵ A. M.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:

Bronchial Asthma
Epithelioma of Jaw, Rt

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? N.S.

If so, specify _____ (Signed) Reese H. Potter M. D.

(Address) State Hosp #3, Nevada

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.

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