AUG - 5 1937

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

Do not use this space.

25665

File No.
Registered No. 6839

1. PLACE OF DEATH

County
Township
City (No. Home St. Ward)

Registration District No. 791
Primary Registration District No. 1098

2. FULL NAME William Davidson.

(a) Residence, No. 2119 Adams St., 22 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1900.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	11	4	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point Miss

FATHER

13. NAME Eck Davidson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point Miss

MOTHER

15. MAIDEN NAME Mandy Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point Miss

17. INFORMANT (ADDRESS) Sallie Davidson

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Point Miss DATE 7/19/37

19. UNDERTAKER (ADDRESS) Lowe Hud Co. 1803 Washington Ave

20. FILED JUL 19 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 7/14, 19..... Death is said to have occurred on the date stated above, at 2 p. m.

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

	Date of onset
Generalized diffuse peritonitis perforation Gun Shot Wound of the abdomen Junction of the 3rd & 4th Lumbar Vertebrae	

Other contributory causes of importance:
Contusion surface as a result of being shot with gun on the abdomen

Name of operation Date of
What test confirmed diagnosis? Was autopsy? yes
Gt. Ach. Lac. 7-14-1937

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 7/9, 1937
Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury
Nature of injury Gun shot

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Joseph M. Zimm, M.D.
(Address) Deputy Coroner

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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