AUG 18 1937

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

Do not use this space.

26605

1. PLACE OF DEATH
County Bates
Township Deer Creek
City Adrian
Registration District No. 47
Primary Registration District No. 4027
File No.
Registered No. 17
(No. St. Ward)

2. FULL NAME Miranda M. Davidson
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
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 James A. Davidson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2-1847
7. AGE YEARS 89 MONTHS 11 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife
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) London Ohio

FATHER
13. NAME Alfred Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Ohio

MOTHER
15. MAIDEN NAME Mary Reeves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Don't Know

17. INFORMANT (ADDRESS) Etta Blunt Adrian, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crescent Hill DATE July 19 1937
19. UNDERTAKER (ADDRESS) Creath & Fix Adrian, Mo.
20. FILED July 22 1937 Ethel C. Stephens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1937
22. I HEREBY CERTIFY That I attended deceased from June 3 1937 to July 16 1937
I last saw her alive on July 16 1937. Death is said to have occurred on the date stated above, at 6:15 m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
Date of onset
107a
Other contributory causes of importance:
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, 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) E. E. Robinson, M. D.
(Address) Adrian 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.