

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Ka. V. Primary Registration District No. 1002  
 City Kansas City (No. 4517 1/2 East 20th.)

File No. 9937  
 Registered No. 1402  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Samuel Davidson / 3 ?

(a) Residence, No. 4517 1/2 East 20th. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. various  
 10. Date deceased last worked at this occupation (month and year) 10 yrs. ago 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 13. NAME George Davidson

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

15. MAIDEN NAME Trimmer

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

17. INFORMANT (ADDRESS) Mrs. A. L. Vaughn  
4517 1/2 E. 20th.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Apr 2 1938

19. UNDERTAKER (ADDRESS) Rush and Lohm  
6-170

20. FILED Filed 1 19 38 M. M. Brown  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar., 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1938 to March 25, 1938  
 Last saw him alive on March 25, 1938 Death is said to have occurred on the date stated above, at 1:30 A. M.

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

Nephritis (chronic) Date of onset ago.

Other contributory causes of importance:

Senility

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Urine 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.  
on his lawn 4517 1/2 E. 20th St.

Manner of injury no injury  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) Edward L. Stewart, M. D.  
 (Address) 1115 Grand Ave  
K. C. Mo.

