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

31198
Do not use this space.

REC'D OCT 15 1938

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City Mo
(d) Street No. 7204 Indiana St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 3495

2. PRINT FULL NAME Martha A. Davidson
(a) Residence, No. 7204 Indiana St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C. Davidson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1862
7. AGE YEARS 75 MONTHS 9 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hsw
9. Industry or business in which work was done, as 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) Andrew Co. Missouri 0

FATHER
13. NAME Andrew Jackson 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 0

MOTHER
15. MAIDEN NAME Pink Best
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Wm. C. Davidson 7204 Indiana
18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee DATE Sept. 7- 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster. 918 Brooklyn Avenue, K.C.Mo.
20. FILED Sept 6, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Sept 5, 1938
I last saw her alive on Sept 4, 1938. Death is said to have occurred on the date stated above, at 5:40 a m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance: 88 ...

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) S. W. Fair, M. D.
(Address) 404½ W 75 K C Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.