REG'D APR 17 1939

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

Do not use this space.

9549

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. Fairmount Hosp St. 1155 Ward)

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

132

2. FULL NAME Darrell Davidson
(a) Residence, No. 1414 E 27 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. 23 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-39
7. AGE: Years no; Months no; Days 23; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City, Mo. (STATE OR COUNTRY) Mo.

FATHER
13. NAME Wayne Henderson
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Winnie Davidson
16. BIRTHPLACE (CITY OR TOWN) Grand Valley (STATE OR COUNTRY) Colo.

17. INFORMANT Fairmount Hospital (ADDRESS) 1414 E 27th

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Lawn DATE Mar 16, 1939

19. UNDERTAKER Doehler & Co. (ADDRESS) 1415 East 18

20. FILED Mar 15, 1939 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 14, 1939
I last saw him alive on March 14, 1939. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholera Infantum	3-1-39
119 (N)	

Other contributory causes of importance:

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? No
If so, specify
(Signed) Edgar Ross Kyger Jr. M.D.
(Address) 11103 Grand Blvd

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.