

REC'D JUL 12 1939

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

20816
Do not use this space.

791
1008

5660

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... (d) Street No. *B 36 Paper St* Registered No. *5660*
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. *Jeff*
 (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. *3*

2. PRINT FULL NAME

- (a) Residence, No. *132 Mary Lee Davidson* St. *WA East Louis*
 (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 *Female* 4. COLOR OR RACE *Cauc* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Child*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jun 27-39*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *3*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. *Baby*
 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) *St Louis Mo*

FATHER 13. NAME *Emerald Davidson*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dyers Tenn*

MOTHER 15. MAIDEN NAME *Lola Mae Graham*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Luptonville Mo*

17. INFORMANT (ADDRESS) *Emerald Davidson, East Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *East Louis 6-26 1939*

19. FUNERAL DIRECTOR (ADDRESS) *Wm. G. O'Brien, East Louis*

20. FILED *J. B. Beckwith, Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/24 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *6-22 1939*, to *6/24 1939*
 I last saw him alive on *6/24 1939* Death is said to have occurred on the date stated above, *3:30 p.m.*
 The principal cause of death and related causes of importance were as follows:

anoxemia (Respiratory Failure)
 Other contributory causes of importance: *full term*
 Date of onset *6/22/39*

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. F. Woodson*, M. D.

(Address) *1005 1/2 N. 2nd St*

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 3518

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

No Embalming
L. E.

No. _____ or by _____
working under my personal supervision.

Signed *[Signature]*
Registered Apprentice No. _____

Licensed Embalmer No. _____

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