

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.

OCT 21 1936

34260

1. PLACE OF DEATH

County Kennett Registration District No. 347 File No. _____
Township Clinton Primary Registration District No. 3018 Registered No. _____
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME James 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. 5 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1884

7. AGE YEARS 52 MONTHS 6 DAYS 36 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Labourer

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) Shelby Co
(STATE OR COUNTRY) Mo

13. NAME Daniel Davidson

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

17. INFORMANT Rosie Davidson
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE 9-14 1936

19. UNDERTAKER Fred Williams
(ADDRESS) Clinton Mo

20. FILED 9-14 1936 J R Hampton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12 1936

22. 8-1 I HEREBY CERTIFY, That I attended deceased from 8-1 1936, to 9-12 1936

I last saw him alive on 9-12 1936. Death is said to have occurred on the date stated above, at 4 P. M.

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

Cardiac decompensation Date of onset _____

Heart failure

Respiratory failure

Other contributory causes of importance:

95 to 2

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

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? Yes

If so, specify _____

(Signed) _____, M. D.

(Address) _____

