

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

Do not use this space.

4925

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Jaw Primary Registration District No. 100

City Kansas City No. 1510 618th

File No. 582

Registered No. 582

St. _____ Ward _____

2. FULL NAME

Elmer Davidson

(a) Residence. No. Crescent Oklahoma 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 M. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, Widower, or Divorced HUSBAND OF (or WIFE OF) Bernice Davidson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

10. NAME OF FATHER Newton Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Lusie Britton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT (Address) ella street 1510 618th

15. FILED 7/9 28 M. M. Cowan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/8 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-5-28, 1928, to 2-8-28, 1928, that I last saw h. im. alive on 2-8-28, 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis

1248 (duration) 4 yrs. mos. ds.

CONTRIBUTORY Hepatic Cirrhosis (SECONDARY) (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1523 B not determined

0 DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical examin. (Signed) A. Clark, M. D.

7/9 1928 (Address) 1523 E 18th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Crescent Okla DATE OF BURIAL 7/10 1928

20. UNDERTAKER Hatkins Bros ADDRESS 1729 Hyde

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.

E A Walker