SEP 28 1931

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

Do not use this space.

33299

1. PLACE OF DEATH
County Scotland — Registration District No. 810 — File No. 33299
Township — Primary Registration District No. 4488 — Registered No. 43
City Memphis (No. ..... St. ..... Ward)

2. FULL NAME Francis Marion 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. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	3	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Middletown.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Thomas Davidson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Highland Co, Ohio.
12. MAIDEN NAME OF MOTHER Amanda Malcolm.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Highland Co, Ohio.

14. INFORMANT J. M. Davidson
(Address) Memphis, Mo.

15. FILED 9/7, 1931 E. E. Garrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6th. 1931

17. I HEREBY CERTIFY, That I attended deceased from August 1st, 1931 to Sept 6, 1931 that I last saw him alive on Sept 1st, 1931, and that death occurred, on the date stated above, at 8.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis.

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) E. E. Garrison M. D.
9/7/, 1931 (Address) Memphis, Mo.

*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: Walnut Grove Cem, Montgomery, Co. Mo.
DATE OF BURIAL: Sept 8. 1931

20. UNDERTAKER: D W Payne & Sons
ADDRESS: Memphis, Mo.