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

Do not use this space.

12708

File No.

Registered No. 1617

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 3123 Olive St. Ward)

2. FULL NAME James Oscar Davidson

(a) Residence. No. No. Kansas City, St., X 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	87	3	1	

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) Near Liberty
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Kincade Davidson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Woodford County
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Lucy Tillery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Woodford County
(STATE OR COUNTRY) Kentucky

14. INFORMANT Ernest E. Davidson
(Address) North Kansas City, Mo

15. FILED 4/20, 1932 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1932, to Apr. 19, 1932 that I last saw him alive on Apr. 19, 1932, and that death occurred, on the date stated above, at 7:30P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis and Acute dilatation of heart
(duration) yrs. mos. 1 hrs.

CONTRIBUTORY (SECONDARY) Physical exertion
(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? Clinical signs
(Signed) H. Wheeler, M. D.
4/21, 1932 (Address) Mt Cleans Ok

*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 Elmwood Cemetery — DATE OF BURIAL Apr. 1932

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.

Dr. H. A. Leinhardt
Mo. K. C. Mo.