

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.

WHITE-PERMETT WITH OBTAINING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

OCT 17 1934

1. PLACE OF DEATH

County Oregon
 Townshp Big Apple
 City Clarendon (No.)

Registration District No. 631
 Primary Registration District No. 5833

File No. 33590 B
 Registered No. 5
 St. Ward)

2. FULL NAME

(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 girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-34

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— 1 7 da

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

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) country (STATE OR COUNTRY) Oregon Co

13. NAME Frank W Davidson

14. BIRTHPLACE (CITY OR TOWN) Clarendon Ark (STATE OR COUNTRY)

15. MAIDEN NAME Chesie Brasher

16. BIRTHPLACE (CITY OR TOWN) country Oregon Co (STATE OR COUNTRY) EH Brasher

17. INFORMANT A W. Ash Konong Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bridges DATE 11 sept 1934

19. UNDERTAKER E. H. Brasher acting (ADDRESS) Koshkonong Mo

20. FILED Sept 10 1934 Pearl Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw her alive on Monday morn, 19. 24 Death is said to have occurred on the date stated above, at Sept 10 m.

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

no Dr in attendance

Baby found dead.

Other contributory causes of importance:

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)....., M. D.

(Address).....

RECEIVED
JAN 11 1958
U.S. AIR FORCE
HEADQUARTERS
WASHINGTON, D.C.



JAN 11 1958

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oregon
Township Bigapple
City Bigapple No. _____

Registration District No. 631
Primary Registration District No. 5823

File No. _____
Registered No. 5 - _____
St. _____ Ward) _____

2. FULL NAME

Ethel Louise Davidson

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 Pearl Mittelstedter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Probably smothered
Date of onset _____
Other contributory causes of importance: coronary

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) Pearl Mittelstedter, M. D.
(Address) Kashkonong Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ethel Louise Davidson born Aug. 11, 1934
~~She~~ died Sept. 10, 1934 ~~and~~ from an unknown
cause parents on awaked from sleep found
her dead and thought she probably smothered.
They had ^{nurses} ~~two~~ cardners inquest or physician.

We do not have health officers for this

County

S-33590-a