

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

10903
 Do not use this space.

1. PLACE OF DEATH

(a) County Greene ² Registration District No. 328
 (b) Township _____ Primary Registration District No. 3017 Registered No. _____
 (c) City Trenton ¹ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chas. Davidson

(a) Residence, No. 820 W. 13th St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Miss Irene Davidson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired R.R. Fireman
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
 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) Trenton, Mo.

FATHER 13. NAME James Davidson ⁰

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania ¹

MOTHER 15. MAIDEN NAME Matilda Brock ⁷

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

17. INFORMANT (ADDRESS) Myrtle Davidson
Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE 3-23-39 19

19. FUNERAL DIRECTOR (ADDRESS) Raymond A. Dennis
Trenton Mo

20. FILED 2-23-1939 J. Fred Saw
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1939

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1888 to Feb 21, 1939
 I last saw him live on Feb 20th, 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Senile gummed of throat
Senility to Arteriosclerosis
 Date of onset 1932

Other contributory causes of importance:
34

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? No
 If so, specify _____
 (Signed) J. S. Jeff M. D.
 (Address) 300 1/2 W. 13th St. Trenton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D APR 7 1939

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 5016-7-25-37

RECEIVED

District Health Officer No. 11,
District Health Officer No. 11,
District File Number 39-265
Date Filed MAR 24 1939

STATEMENT BY LICENSED EMBALMER

I, Raymond A. Dennis, Licensed Embalmer No. 3424

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Raymond A. Dennis
Licensed Embalmer No. 3424

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)