

V. S. No. 2
OM-3111
1-17-43
X29784

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27290

State File No. _____

Registrar's No. 3553

AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3553

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. TB Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 m 9d.
(Specify whether years, months or days)

In this community 68 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL.")

(d) Street No. 1201 Washington St. ⁸
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William H Davidson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Belle Davidson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased. 11 16 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace K.C. (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation clerk.

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Davidson

13. Birthplace Russioh
(City, town, or county) (State or foreign country)

14. Maiden name Leaue Moigender

15. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Records K.C. TB Hosp

(b) Address Leeds Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-43
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Carroll Davidson

(b) Address K.C. Mo.

19. (a) 8-17-43 (Date received local registrar) (b) P.E. Brown (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16 year 1943 hour 11.35 minute P. M.

I hereby certify that I attended the deceased from 7-7-43 to 8-16 1943 that I last saw him alive on 8-16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis ^{9m.}

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (i) Means of injury _____

23. Signature Walter J. ... (M.D. or other) _____

Address Leeds Mo. Date signed 8/14/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

