

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Barry
 Township Wheaton
 City Wheaton (No. _____)

 Registration District No. 1113
 Primary Registration District No. 5042A

 File No. 33574
 Registered No. _____
 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

MEDICAL CERTIFICATE OF DEATH

 3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 3 - 1937
 6A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF John N. Davidson

 I HEREBY CERTIFY, That I attended deceased from Sept 30 - 1937, to Oct - 3 - 1937

 I last saw her alive on Oct - 2 - 1937. Death is said
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1857to have occurred on the date stated above, at 10:35 P.M.

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

 7. AGE YEARS 80 MONTHS 7 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
Cerebral Hemorrhage
 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 _____
Other contributory causes of importance: 82012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn13. NAME James Neill

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.What test confirmed diagnosis? clinical Was there an autopsy? _____15. MAIDEN NAME Rebecca Perkins

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT M. A. Davidson (ADDRESS) Springfield, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE Wm. Reed DATE 10-3-3724. Was disease or injury in any way related to occupation of deceased? no19. UNDERTAKER B. L. Funeral Home (ADDRESS) Wheaton, Mo.

If so, specify _____

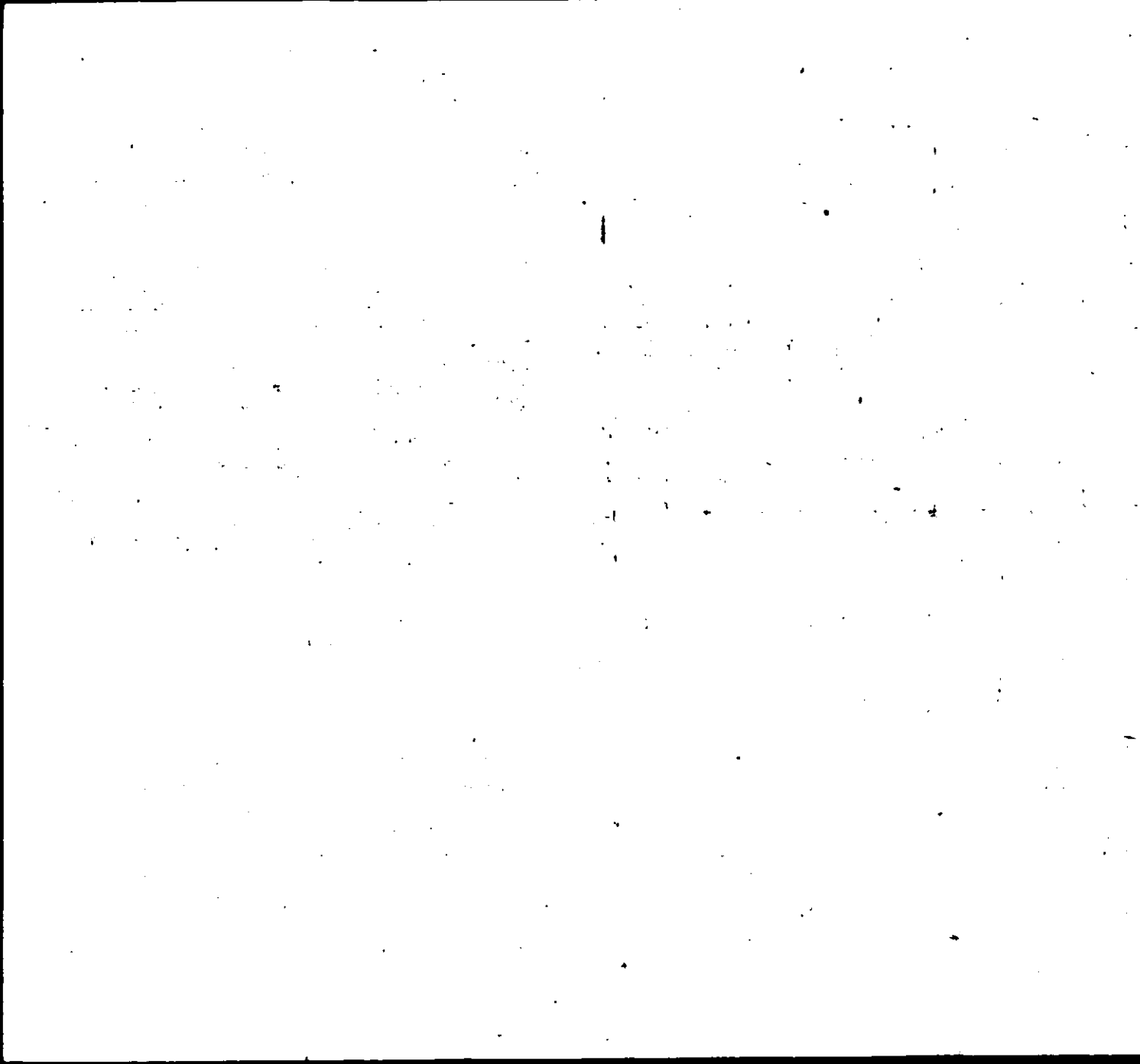
(Signed) O. S. McCall, M. D.

20. FILED _____ 19____

(Address) Wheaton Mo

Registrar.

Every record of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

335-77

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 1168
 (b) Township Wheaton Primary Registration District No. 5042A Registered No. 40
 (c) City _____ (d) Street No. _____
 (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 Mary Cornelia Davidson

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John N. Davidson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 7 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1937 to Oct 2 1937
 I last saw him/her alive on Oct 2 1937. Death is said to have occurred on the date stated above, at 10:35 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn

FATHER 13. NAME James Neill

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

MOTHER 15. MAIDEN NAME Rebecca Perkins

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

17. INFORMANT (ADDRESS) W. J. Davidson
Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vineyard DATE 10-3 1937

19. FUNERAL DIRECTOR (ADDRESS) Bellkas Funeral Home
Wheaton Mo

20. FILED Nov 22, 1937 Donald Blankenship
Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) D. J. McCall, M. D.
 (Address) Wheaton Mo

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.

S-33574