

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.

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

PLACE OF DEATH
County Monroe
Township Jackson
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 582 File No. 32913
Primary Registration District No. 5779 Registered No. 44
FULL NAME Jesse Davidson [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)
DATE OF BIRTH Oct 19 1914
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. 12 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) Monroe, La.

PARENTS
NAME OF FATHER J. C. Davidson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Andover, La.
MAIDEN NAME OF MOTHER Mary Sulton
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mobile, Ala.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas. R. Phelan
(ADDRESS) Parrish, Mo.

Filed Oct 31 1914 H. C. Payne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from And no doctor 1914 to 1914,
that I last saw him alive on Oct 19 1914,
and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of skull
7 mos. gestation
159 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
(SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. C. Payne M. D.
Oct 31 1914 (Address) Andover, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

Plainsville, Ark.
UNDERTAKER None

DATE OF BURIAL

Nov 1 1914
ADDRESS _____