

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

Do not use this space.

10501

1. PLACE OF DEATH

County Registration District No. 1003 File No.
 Township Primary Registration District No. Registered No. 2489
 City St. Louis, Mo. No. 600 St. 18 (Ward)

2. FULL NAME

(a) Residence. No. 1313 So. Boyle Ave. St. Louis, Mo. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 10 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-10-1930

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

17. I HEREBY CERTIFY, That I attended deceased from 2-25-1930 to 3-10-1930 that I last saw her alive on 3-10-1930, and that death occurred, on the date stated above, at 3/8 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-2-30

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia - Broncho
Secondary
101A
161A (duration) yrs. mos. 14 ds.

7. AGE YEARS MONTHS DAYS* If LESS than 1 day, ____ hrs. or ____ min.
2 8

CONTRIBUTORY (SECONDARY) Atetasis (duration) yrs. 2 mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

19. DID AN OPERATION PRECEDE DEATH? no DATE OF..... WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Walter Davidson

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) George S. Tuttle M.D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Johnson

3-11-1930 (Address) St. Louis Children Hospital

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bellevue, Mo. (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

4. INFORMANT J. M. K. K. K. (Address) 521 N. 1st St. St. Louis, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walden; Mo. DATE OF BURIAL Mar 12 1930

5. FILED 19 Mar 11 1930 REGISTRAR

20. UNDERTAKER Benedict-Nichols ADDRESS 1138 No. 6th

