

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

Do not use this space.

14465

**1. PLACE OF DEATH**

County ..... Registration District No. 7071  
 Township ..... Primary Registration District No. 1000  
 City St. Louis (No. City, Hospital)

File No. ....  
 Registered No. 3829  
 St. .... Ward

264 **2. FULL NAME** Albert D Davidson

(a) Residence, No. 3443 Klean St. Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137  
 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) Illinois

13. NAME John Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Lue Turner

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

17. INFORMANT (ADDRESS) Hospital Information Dept

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland Cem DATE April 20 1932

19. UNDERTAKER By Lidman, Mack Co. (ADDRESS) 1417 W. Market St.

20. FILED SEP 19 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4 1932 to April 17 1932  
 I last saw her alive on April 17 1932 Death is said to have occurred on the date stated above, at 9.25 AM  
 The principal cause of death and related causes of importance were as follows:

Chor myocarditis  
My. protic myocardium  
Chor myocarditis  
 Date of onset 12/1/31  
131  
438  
1115

Other contributory causes of importance:  
My. protic myocardium  
Chor myocarditis  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? Chor Was there an autopsy? no

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?  
 If so, specify .....  
 (Signed) M. M. M. M. M. M. D.  
 (Address) St. Louis, 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.

