WHITE 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.

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

Do not use this space.

3433

File No.

Registered No. 332

1. PLACE OF DEATH

County

Township

City St Louis (No. 5712 Delivrevillee St. Ward)

Registration District No. 78

Primary Registration District No. 1005

2. FULL NAME Janet Davidson

(a) Residence, No. 5712 Delivrevillee St. 5 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

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5, 1862

7. AGE: Years: about 70 Months: 8 Days: 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

FATHER

13. NAME: Sandford Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Sarah Greene

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT: Thos H. Blendell
(ADDRESS) Sanger-Vandervort-Barney Co

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Jan 10 1933

19. UNDERTAKER: Wagoner
(ADDRESS) 3626 Olive St

20. FILED JAN 10 1933 Mary E Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1933, to Jan 7th 1933, I last saw him alive on Jan 7th 1933. Death is said to have occurred on the date stated above, at 9 o'clock P.m.

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

	Date of onset
Myocardosis Acute	unknown
Pulmonary Oedema	Jan 3rd 33
9 days	
1111	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Usual 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? No
If so, specify

(Signed) Goldsberry H Wilson, M. D.
(Address) 4103 N Lansdowne Ave St Louis Mo