

OCT 11 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Butler  
Township  
City Poplar Bluff (No. ....)

Registration District No. 89  
Primary Registration District No. 3007

File No. 32089  
Registered No. 200  
St. .... Ward)

2. FULL NAME Alexander Washington Davidson

(a) Residence, No. N. 2nd St. Poplar Bluff, Mo. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Davidson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26, 1853</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>11</u>	DAYS <u>18</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Medical Doctor</u>
	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) Illinois13. NAME Hue Davidson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Elizabeth Davidson  
(ADDRESS) Poplar Bluff, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE City cemetery DATE Sept. 16, 193419. UNDERTAKER Greer Undertaking Co.  
(ADDRESS) Poplar Bluff, Missouri20. FILED 9-19-1934 W. S. Bailey  
Registrar

## 5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934 to Sept 14, 1934  
I last saw him alive on Sept 14, 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.  
The principal cause of death and related causes of importance were as follows:

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

Prostatic Prostatitis and nephritis 1930.

Other contributory causes of importance:

General debility from age.

Name of operation Prostatic Punch Date of 1935  
What test confirmed diagnosis? Plum 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) W. S. Bailey M. D.  
(Address) Poplar Bluff, Mo.

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.

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WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Alexander Washington Davidson  
Who died at \_\_\_\_\_ on Sept 14 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex m Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 80 Months 11 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked (at this occupation): Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) Chronic prostatic and nephritis  
Birthplace of father (State or country) Chronic prostatic - result of  
Birthplace of mother (State or country) Chronic prostatic - result of  
Principal cause of death: Cystitis and transmitted to Epididymis via ureters.

Other contributory causes of importance Gen at debility from age  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician J. L. Harwell  
Address of physician Poplar Bluff Mo.  
Signature of Registrar O.C. Catzinger Date filed 12/4/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 89 Very truly yours,  
Primary Reg. Dist. No. 3007 *E.T. McLaugh*  
Special Agent. State Registrar *O.C.C.*

*note statement of Dr Harwell above*

