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

Do not use this space.

5007

File No. 5007

Registered No. 004

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City, Mo (No. 516 Knickerbocker place St. Ward)

2. FULL NAME Lee M. Davidson,

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

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Almeda Davidson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	52	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

PARENTS

10. NAME OF FATHER Samuel M. Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Laura Powter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

14. INFORMANT Mrs Almeda Davidson
(Address) Atlanta Ga

15. FILED 2/13, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/12/30 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1929, to Feb 12, 1930 that I last saw him alive on Feb 12, 1930, and that death occurred, on the date stated above, at 7:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
11
(From personal observation) (duration) 1 yrs. 2 mos. 24 ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis & Hypertension
(From History) (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Dont know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory ex of urine
(Signed) Arthur A. Hobbs, M. D.
Feb 13, 1930 (Address) 3321 E 30

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Atlanta Georga — DATE OF BURIAL 2/13/30

20. UNDERTAKER Freeman Mortuary — ADDRESS 104 W 42

...should be stated EXACTLY. PHYSICIANS should state ...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rr a. a Hobbs
3321 E 30