

V. S. 2 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Local No. 12740 Registered No. _____

1. PLACE OF DEATH: County Marion City or town Indianapolis Street address, hospital, or institution: City Hospital Stay in hospital or inst. (yrs. or mos., or days) _____ Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Indiana County Marion City or town Indianapolis Street No. R.R. 20 - Box 15 2. (a) IF VETERAN, NAME WAR _____ 2. (b) Social Security Number _____

3. (a) FULL NAME Ronald Merle Davidson 3. (b) Social Security Number _____

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan 26 - 1941 8. AGE: Years 2 Months 16 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Indianapolis (Town, county and state) 10. Usual occupation none 11. Industry or business _____

MOTHER: FATHER: 12. Name Merle Davidson 13. Birthplace Missouri 14. Maiden name Clara Balt 15. Birthplace Indiana

16. Informant Merle Davidson Address R.R. 20 - Box 15 17. Burial Date thereof 4-14-41 (Burial, cremation, or removal Which?) (month) (day) (year) Cemetery or crematory Reverend Hill Location Indianapolis, IN 18. Funeral director W. H. Wilson Address 1230 Prospect St.

FUNERAL DIRECTOR'S LICENSE No. 123 EMBALMER'S NAME Raymond Hill LICENSE No. 7500 PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED

20. DATE OF DEATH 4-12-41 at 22 M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-9-41 to 4-12-41 and that I last saw him alive on 4-12-41 Immediate cause of death Bronchial Pneumonia DURATION _____ Due to _____ Due to _____ Other conditions Cardiogenic shock (include pregnancy within 3 months of death) PHYSICIAN _____ Major findings: _____ Of operations _____ Of autopsy Yes Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) (County) (State) Injured at home, farm, industry, public place (where?) _____ Injured at work? _____ Means of injury _____

23. SIGNATURE R. E. Parker M. D. or other Address City Hospital Date signed 4-13-41

Filed _____, 19 _____ Health Officer