

**CERTIFICATE OF DEATH**  
**OF ALABAMA—BUREAU OF VITAL STATISTICS**  
**STATE BOARD OF HEALTH**

File No. for State Registrar Only.

**21659**

**AGE** of Albert  
**City** Sheffield Ala Street or R. F. D. S - Montgomery Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
**Length of residence in city or town where death occurred** yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.  
**FULL NAME** Ernest Gordon  
**(a) Residence, No.** Sheffield Street or R. F. D. S - Montgomery Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)

Reg. District or Beat No. 17-5016 Certificate No. 168  
 Street or R. F. D. S - Montgomery Ward \_\_\_\_\_  
 (If non-resident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**1. Sex** M **2. Color** White **3. Single, Married, Widowed, or Divorced** Married  
 (If married, widowed, or divorced, give name of **HUSBAND or WIFE** of Miss Edna Norton)  
**DATE OF BIRTH** (month, day, and year) 6-1  
 Years 40 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**4. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc.** Prob. Lawyer  
**5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Bank  
**6. Have deceased last worked at this occupation** (month and year) \_\_\_\_\_ **7. For how long** (years) \_\_\_\_\_ (months) \_\_\_\_\_ (days) \_\_\_\_\_  
**8. PLACE** (city or town) Ala (State or country)  
**9. NAME** Dr. Martin Norton  
**10. BIRTHPLACE** (city or town) Ala (State or country)  
**11. MOTHER'S NAME** Mary Nelson  
**12. BIRTHPLACE** (city or town) Ala (State or country)  
**13. REPORTANT** Miss Edna Norton (Address)

**MEDICAL CERTIFICATE OF DEATH**

**14. DATE OF DEATH** (month, day and year) Oct 18, 1934  
**15. I HEREBY CERTIFY** that I attended deceased from Oct. 10, 1934 to Oct-18, 1934  
 I last saw him alive on Oct. 18, 1934, death is held to have occurred on the date stated above, at 11 P.M.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
Acute myocarditis  
93  
 Contributory causes of importance not related to principal cause:  
Coronary atherosclerosis  
75  
**16. Was an operation performed?** \_\_\_\_\_ Date of \_\_\_\_\_  
**17. For what disease or injury?** \_\_\_\_\_  
**18. What test confirmed diagnosis?** \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
**19. If death was due to external causes (violence) fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
**20. Manner of injury** \_\_\_\_\_  
**21. Nature of injury** \_\_\_\_\_  
**22. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) M. Maxwell M. D.  
Oct 25, 1934 (Address) Sheffield Ala

**14. FINAL DISPOSITION, OR REMOVAL**  
 Place Sheffield, Ala. Date 10-19, 1934  
**15. UNDERTAKER** Wagon - Service Co  
 (Address) Sheffield Ala  
**16. REGISTRAR** Peter A. ...  
 (Address) \_\_\_\_\_  
 No. 10-23-1004

\*State the disease causing death; see also the further instructions.