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.

SEP 26 1933

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

Do not use this space.

30686

1. PLACE OF DEATH
County St Clair
Township Appleton
City ..... (No. ..... St. ..... Ward)

Registration District No. 761
Primary Registration District No. 4456

File No. .....
Registered No. .....

2. FULL NAME Isabelle Davidson

(a) Residence, No. ..... St., ... 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: Fem
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: George Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct - 21 1860

7. AGE: YEARS 72 | MONTHS 10 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
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): Indiana

FATHER
13. NAME: Edward Cowley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Cathrine Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): George E. Davidson Appleton City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Appleton City Cem DATE Sept 5 1933

19. UNDERTAKER (ADDRESS): Frank Lee Appleton City Mo

20. FILED Sept 9 1933 C E Cline Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 6 am, 1933 to Sept 3 10:30 PM, 1933.
I last saw her alive on on September 3, 1933. Death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

Acute Enteritis
120 B
98 B

120 B

Date of onset

Other contributory causes of importance:
Had had Ranauds disease for some time

Name of operation None Date of .....
What test confirmed diagnosis? ..... 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) R. J. Smith, M. D.
(Address) Appleton City Mo.