WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 17 1934

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

Do not use this space.

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No. 23109
Township — Primary Registration District No. 3003 — Registered No. 52
City Monett (No. ..... St. ..... Ward)

2. FULL NAME Dan E Davidson
(a) Residence, No. 514 Scott St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1853

7. AGE: YEARS 81 — MONTHS 5 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Inspector
10. Date deceased last worked at this occupation (month and year) 1943
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jales Co. Tenn

FATHER
13. NAME Not Obtainable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Mrs Louisa M Davidson 514 Scott St Monett Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE I.O.O.F. DATE 7/26 1934

19. UNDERTAKER (ADDRESS) Callaway Monett Mo

20. FILED 7-25 1934 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY That I attended deceased from May 20, 1934 to July 24, 1934
I last saw him alive on July 23, 1934. Death is said to have occurred on the date stated above, at 5:05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	?
93C	
120B	
162	

Other contributory causes of importance
Old Age
Chronic diarrhea

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify No
(Signed) Frank Kerr, M. D.
(Address) Monett Mo