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.

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

JUN 21 1935

Do not use this space.

19598

1. PLACE OF DEATH

County Iron — Registration District No. 115-9 — File No.

Township Iron — Primary Registration District No. 6-6-49 — Registered No. 8

City ~~Graniteville~~ (No. , St. Ward)

2. FULL NAME Caroline Davidson

(a) Residence, No. 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: fem.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daniel Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24 1844

7. AGE: 90 YEARS — MONTHS: 11 — DAYS: 23 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired

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): Missouri

FATHER

13. NAME: Wm. Howell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Susan Masterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): R. Davidson, Des Arc Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pilot Knob Mo. DATE: 1/2/35 19

19. UNDERTAKER (ADDRESS): White & Son, Ironton Mo.

20. FILED: June 5, 1935 Mrs W A Townsend, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6. I, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1934, 19, to June 1, 1935.
I last saw her alive on May 28, 1935. Death is said to have occurred on the date stated above, at 8.00A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis of long standing duration.	

Other contributory causes of importance:

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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
(Signed) G. C. Anson, M. D.
(Address) Ironton, Mo