

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.

*As per 12*

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Miller* Registration District No. *564*  
Township *Iron Henry* Primary Registration District No. *57586*  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

24313

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME *Nancy B. Caroline Dahson*

(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 *Female*  
4. COLOR OR RACE *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed*  
6A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *Thomas Jefferson Dahson*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 27 1854*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*82 9 19*  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*  
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) *Missouri*

FATHER 13. NAME *John W. Carroll*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER 15. MAIDEN NAME *Sarah Hughes*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *John Dahson*  
(ADDRESS) *Eldon, Missouri*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Eldon* DATE *3-17* 1937

19. UNDERTAKER *Phillips Funeral Home*  
(ADDRESS) *Eldon Mo*

20. FILED *17* 1937 *D. H. Kow*  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3 16 1937*

22. I HEREBY CERTIFY, That I attended deceased from *March 10, 1937 to March 16, 1937*  
I last saw her alive on *March 14, 1937* Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*  
Other contributory causes of importance: *old age*

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? *nd*  
If so, specify \_\_\_\_\_

(Signed) *D. H. Kow*, M. D.  
(Address) *Easton, Mo*

