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.

REC'D DEC 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cedar — Registration District No. 165 — File No. 38885

20 Township C### Jefferson — Primary Registration District No. 5230 — Registered No. 91

City Dunnegan (No. ..... St. ..... Ward)

2. FULL NAME 125 Nancy Davison,

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27-1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	9	12	

OCCUPATION

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

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) Cedar County, Mo. 0

FATHER

13. NAME Elias Davison,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER

15. MAIDEN NAME Martha Lennox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 1

17. INFORMANT (ADDRESS) Lem Davison, Dunnegan, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dunnegan, Mo. DATE Nov. 10 1938

19. UNDERTAKER (ADDRESS) Frank W. Barker Fair Play, Mo.

20. FILED Nov 14 1938 Mrs Da. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1926, 19..., to Nov 9, 1938

I last saw her alive on Nov 8 1938, 19..... Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
Chronic interstitial neph.	
Chronic multiple arthritis	About
Cardio- vas Hypertension	1926

Other contributory causes of importance: 131

#

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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 E#

Nature of injury E#

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas B Brown, M. D.

156 (Address) Fair Play Mo

RECEIVED
District Health Officer No. 7,
District File Number 7-38-522
Date Filed 12-8-38