

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

Do not use this space.

26619-a

**1. PLACE OF DEATH**

County Butler Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 3007  
City Poplar Bluff (Not Brandon Hospital)

File No. \_\_\_\_\_  
Registered No. 259  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah Davis  
(a) Residence. No. Aid, Missouri 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) married  
5a. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
(OR) WIFE OF T. P. Davis  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 unknown  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri  
10. NAME OF FATHER (unknown) McPheters  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) unknown  
12. MAIDEN NAME OF MOTHER unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) unknown

14. INFORMANT T. P. Davis  
(Address) Aid, Mo.  
15. FILED 11-2-27 W. S. Bailey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1927  
17. I HEREBY CERTIFY, That I attended deceased from Sept-12-1927 to Sept-15-1927  
that I last saw him alive on Sept-15-1927, and that death occurred, on the date stated above, at 11:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetic gangrene of right leg.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 20 ds.  
CONTRIBUTORY (SECONDARY) 57  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
2. DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept-12-1927  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. S. Bailey M. D.  
11-2-27 (Address) Poplar Bluff, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Flowers - Aid Mo. DATE OF BURIAL Sept-16-1927 P.M. 2:30  
20. UNDERTAKER A. W. Greer, Poplar Bluff, Mo ADDRESS \_\_\_\_\_

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.

1928

