JAN 3 1929

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

Do not use this space.

39235

1. PLACE OF DEATH

County Wayne — Registration District No. 893 — File No.

Township Black River — Primary Registration District No. 6189 — Registered No. 18

City Chaonia (No. ..... St. ..... Ward)

2. FULL NAME Sarah L Davis

(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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dextes R Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 6 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	4	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chaonia
(STATE OR COUNTRY) Wayne Co Md

PARENTS

10. NAME OF FATHER: Henry Peskins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Wayne Co Md

12. MAIDEN NAME OF MOTHER: Sir Connes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Wayne Co Md

14. INFORMANT: Dextes R Davis
(Address) Chaonia Md

15. FILED Nov. 22 1928 Mrs. Hattie McGhee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Nov 20, 1928 that I last saw her alive on Nov 17, 1928, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Liver
111 E
7 E

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J M Henderson, M. D

11-22, 1928 (Address) Paplas Bluff Md

*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: Chaonia Md

DATE OF BURIAL: Nov 22 1928

20. UNDERTAKER: N. T. Phelps

ADDRESS: Paplas Bluff