

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

Do not use this space.

27745

1. PLACE OF DEATH
 County Cedar Registration District No. 168
 Township _____ Primary Registration District No. 4095
 City Eldorado Spgs. (No. _____) St. _____ (Ward _____)
 2. FULL NAME Sarah Belle 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 1 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator
 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) Switzer, Ind.
 FATHER 13. NAME Albert H Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newcastle, Ind.
 MOTHER 15. MAIDEN NAME Hannah Clavin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mier, Ind.
 17. INFORMANT (ADDRESS) Sam C Davis, Kansas City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE City Cem. Aug 24, 1931
 19. UNDERTAKER (ADDRESS) Mrs Carolyn Nafus, Eldorado Spgs Mo.
 20. FILED 8-24-1931 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1931
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1931, to Aug 22, 1931
 I last saw her alive on Aug 22, 1931. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pernicious Anemia
7/10
 Other contributory causes of importance _____
 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) A. Lunderworth D. O., M.D.
 (Address) El Dorado Springs, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 22 1931

