

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.

MAY 23 1932

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

Do not use this space.

11771

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township Poplar Bluff Primary Registration District No. 3007
 7 City Poplar Bluff (No. 741 N. D. M.) St. 4 Ward 4
 2. FULL NAME Sarah E. Davis
 (a) Residence, No. 741 N. D. St. 4 Ward 4
 (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 Martino E. Davis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1879
 7. AGE YEARS 59 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Perry Co. Mo.
 13. NAME Benny Faircloth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME Jessie Dollar
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Dorothy Barnes Poplar Bluff Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Doe Run Mo. DATE April 12, 1932
 19. UNDERTAKER (ADDRESS) Beverly Funeral Home Poplar Bluff Mo.
 20. FILED April 11, 1932 B. J. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1932
 2. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to April 5, 1932
 I last saw her alive on April 5, 1932 Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
 Other contributory causes of importance: 108 108
 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) J. W. McPherson, M. D.
 (Address) Poplar Bluff, Mo.

