

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

Do not use this space.

21204

1. PLACE OF DEATH 921 N. 23rd St.

County .....

Registration District No. 70

Township .....

Primary Registration District No. 100

City St. Louis, Mo. No. ....

File No. ....

Registered No. 5757

St. .... Ward

2. FULL NAME Sarah Davis

(a) Residence, No. 921 N. 23rd St. St. 21 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
4. COLOR OR RACE colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1932

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

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1933 to 6-15-1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

I last saw her alive on 6-14-1932 Death is said to have occurred on the date stated above, at 12 p.m.

AGE 55 YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

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

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.

Chronic Interstitial renal nephritis  
Date of onset months ago

131 / 131  
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

MOTHER FATHER 13. NAME Dyle Brown

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

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)

MOTHER FATHER 15. MAIDEN NAME Lois Henderson

Specify whether injury occurred in industry, in home, or in public place.

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Manner of injury .....  
Nature of injury .....

17. INFORMANT Maggie Brandon (ADDRESS) So. Winlock Park, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE June 19, 1932

If so, specify

19. UNDERTAKER Pope & English (ADDRESS) 2931 Lucas Ave.

(Signatures) J. D. Dancy, M.D. (Address) So. Winlock Park, Mo.

20. FILED N 18 1932 Registrar

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.

