

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.

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

Do not use this space.

MAY 20 1935

11788

1. PLACE OF DEATH

County Adair Registration District No. 4
 Townships Richsville Primary Registration District No. 3001
 City Richsville (No.) St. Ward

File No.
 Registered No. 95

2. FULL NAME

Mrs Sarah Davis Wilson
 (a) Residence, No. 904 S. First St. 3 Ward. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5-1876
 7. AGE YEARS 58 MONTHS 1 DAYS 7 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Schuyler Co Mo

13. NAME Rev F. P. Davis

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

15. MAIDEN NAME Catherine M Van Hook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Ind.

17. INFORMANT (ADDRESS) John A. Wilson Richsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jewelrys Can DATE April 17, 1935

19. UNDERTAKER (ADDRESS) Spencer Greenman Richsville Mo.

20. FILED May 10, 1935 Spencer Greenman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1935

22. I HEREBY CERTIFY, that I attended deceased from April 13, 1935, to April 14, 1935
 I last saw her alive on April 14, 1935 Death is said to have occurred on the date stated above, at 7:05 p. m.
 The principal cause of death and related causes of importance were as follows:

Diabetic Coma Date of onset April 3, 1935

Other contributing causes of importance Diabetic Mellitus

Name of operation Urine Date of
 What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accidents, suicide, or homicide? Date of injury , 19

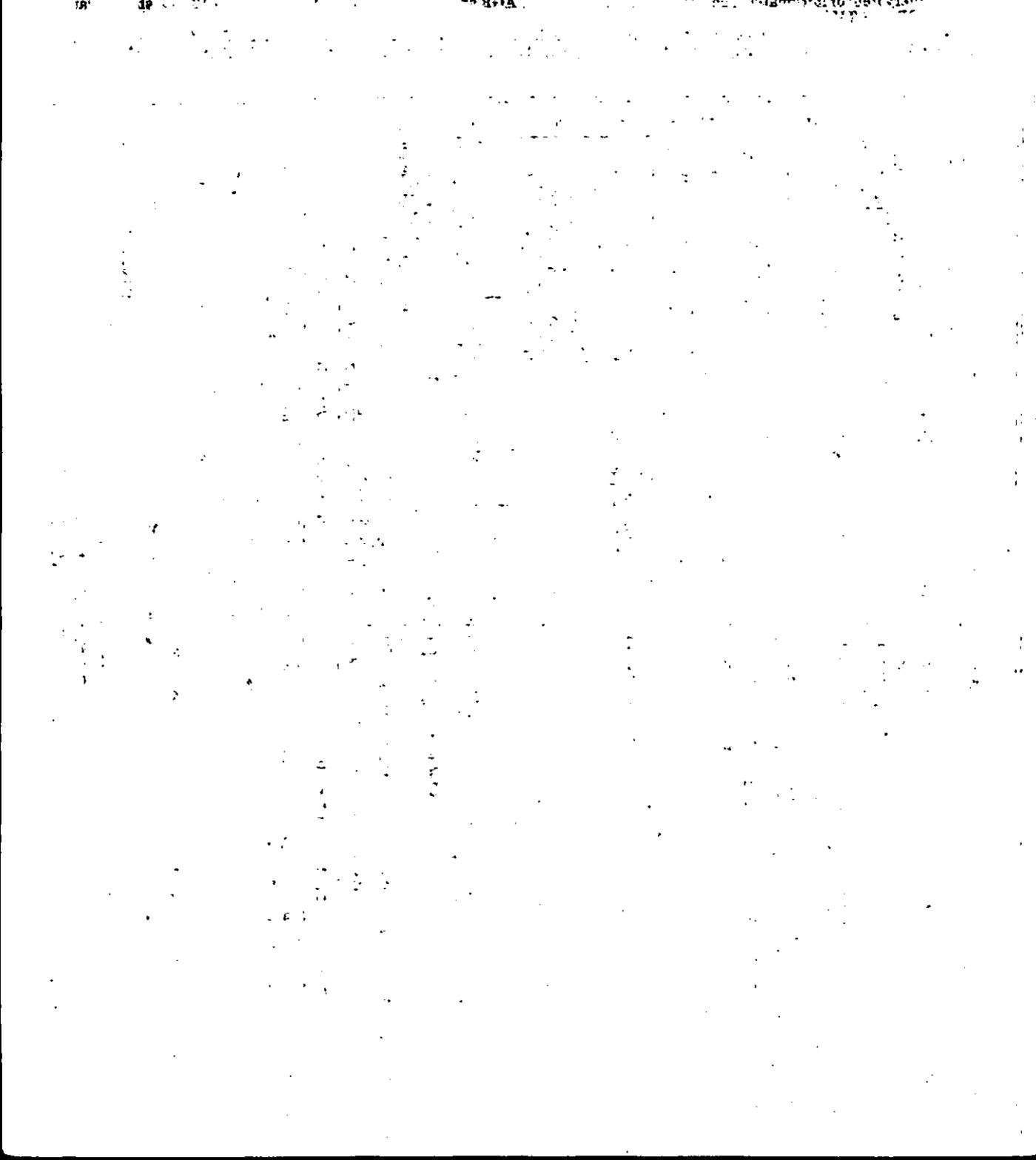
Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

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

If so, specify

(Signed) John H. Deaky D. O.
 (Address) Richsville Mo.



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CERTIFICATE OF DEATH**

Do not use this space.
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY
File No. _____
Registered No. 935
St. _____ Ward _____

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Hicksville (No. _____)

2. FULL NAME

Sarah Davis Wilson

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Aug 5 1876</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5 1876</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED June 12 35 Spencer Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: 69

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) _____, M. D.

(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.

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