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.

FEB 19 1936

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

Do not use this space.

1854

1. PLACE OF DEATH
County Johnson
Township Madison
City Holden (No. ..... St. ..... Ward)

Registration District No. 427
Primary Registration District No. 4253

File No. .....
Registered No. 4

2. FULL NAME Sarah B. 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 27 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) Feb 4-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri

FATHER
13. NAME Robert Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Fletcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Robt M. Davis Lawrence Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden Cemetery DATE Jan 30, 1936

19. UNDERTAKER (ADDRESS) T W Goodman Holden Mo

20. FILED Jan. 30, 1936 S. A. Murray M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Jan 29, 1936
I last saw her alive on Jan 29, 1936 Death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

Shock from fracture of neck (Surgical) of Femur

Date of onset

Other contributory causes of importance:
Ex Ophthalmic Goiter

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? Accident Date of injury 1-26, 1936
Where did injury occur? Home, Holden, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall
Nature of injury Fracture of Femur

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) T. W. Parrish D.O., M. D.
(Address) Holden Mo

Dr Jan[illegible]