APR 16 1936

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

Do not use this space.

9942

1. PLACE OF DEATH
County Dallas — Registration District No. 241 — File No.
Township N. Benton — Primary Registration District No. 5334 — Registered No. 1082
City Long Lane (No. , St. Ward)

2. FULL NAME Sarah Tenn. Davolt

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23, 1863

7. AGE: YEARS 72 — MONTHS 4 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Morris Co. Kansas

FATHER
13. NAME: Hugh Manttoth ~~Tenn~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Permelia Manttoth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): A. W. Davolt Long Lane Mo

18. BURIAL, CREMATION, OR REMOVAL, PLACE: Oak Lawn DATE: 3-27 1936

19. UNDERTAKER (ADDRESS): L. B. Jones Buffalo Mo

20. FILED: 4/10 1936 Harvey Morris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935, to ~~[illegible]~~ 4-11, 1936
I last saw her alive on 3-20, 1936. Death is said to have occurred on the date stated above, at 9 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
with General Anisorca	

Other contributory causes of importance: 91a2

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) W. E. Gammon, M. D.
(Address) Louisburg Mo

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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PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	4	3	

OCCUPATION
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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4/20 1936 Harvey Morrow Registrar.

MEDICAL CERTIFICATE OF DEATH

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	Date of onset
Endocarditis	
acute	

Other contributory causes of importance: 9122

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

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(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

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If so, specify
(Signed) W. E. Gammon, M. D.
(Address) Louisburg Mo

SUPPLEMENTARY

S-9942