OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 5351 Delmar Ave. St. ..... Ward)

File No. 36116

Registered No. 9759

2. FULL NAME Mrs. Sadie Low Davis

(a) Residence, No. 5351 Delmar St., 12 Ward. St. Louis, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 6 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lived in Masonic Home

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): Detroit, Michigan

FATHER

13. NAME: George D. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Emma E. Ridgeway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): (Mrs.) Wilmoth Waller 5351 Delmar Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clarksville, Mo. DATE Sept. 27th 1936

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc. 429 N. Euclid Avenue

20. FILED SEP 25 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Thur. Sept. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, 19..., to September 24, 1936

I last saw her alive on Sept. 24-------, 1936 Death is said to have occurred on the date stated above, at 8.00P.M.

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

	Date of onset
Chronic Myocarditis	18 Mon
Other contributory causes of importance:	
Senility	1 yr.

Name of operation ---------- Date of ---

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

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? No

If so, specify .....

(Signed) Solon Lawson, M. D.

(Address) 508 N. Grand Blvd.

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.