

REC'D FEB 25 1939

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

Do not use this space.

1. PLACE OF DEATH

71 County Morgan Registration District No. 598 File No. 3187
Township Buffalo Primary Registration District No. 5799 Registered No. 9
City 129 (No. 1) St. _____ Ward _____

2. FULL NAME Sarah Kathryn Davidson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 6 3

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.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Linn Creek, Mo.
(STATE OR COUNTRY)

13. NAME Dave Brown

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

15. MAIDEN NAME Frances McFarland

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

17. INFORMANT N. S. Davidson
(ADDRESS) Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Procter Cem. DATE Jan. 14, 1939

19. UNDERTAKER Friends.
(ADDRESS)

20. FILED 2-1, 1939 Will F. Berry, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 7, 1939, to Jan 12, 1939
I last saw her alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Acute cholecystitis (Date of onset Dec 31)

Other contributory causes of importance: 18-1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Chas. A. West, M. D.
(Address) Stover Mo

RECEIVED

District Health Officer No

District File Number 7-39-

Date Filed 2-9-39