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.

JUN 26 1931

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

Do not use this space.

17805

1. PLACE OF DEATH
County Howard — Registration District No. 380 — File No.
Township — Primary Registration District No. 4224 — Registered No. 9
City New Franklin (No. ..... St. ..... Ward)

2. FULL NAME Lillian Francis Davis
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-14-1898

7. AGE: Years 33 — Months 1 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Tibbetts
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Ike Cannell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tibbetts
(STATE OR COUNTRY): Callaway Co.
12. MAIDEN NAME OF MOTHER: Mary Gathright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Callaway Co. Mo.

14. INFORMANT: Nellie Jackson
(Address): New Franklin Mo.

15. FILED ....., 19..... B. Fleck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-7 1931

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to May 7, 1931, that I last saw her alive on May 7, 1931, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S. L. Chamberlin, M. D.
5-7, 1931 (Address) P. Freeman New Franklin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Pleasant — DATE OF BURIAL: 5-9 1931

20. UNDERTAKER: C. S. Duncan — ADDRESS: New Franklin Mo.