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.

OCT 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Pulaski — Registration District No. 712 — File No. 33777
Township — Primary Registration District No. 4427 — Registered No. 24
City Richland (No. ..... St. ..... Ward)

2. FULL NAME Lois Ivonine 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 F
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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1905
7. AGE YEARS 29 MONTHS 1 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) 1/23
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynona Mo.

FATHER
13. NAME Richard Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co.

MOTHER
15. MAIDEN NAME La Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo

17. INFORMANT (ADDRESS) Hallie Davis Richland Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wayne Chappell DATE 9-24-34
19. UNDERTAKER (ADDRESS) R. B. Keeper Richland Mo
20. FILED 9-24 1934 Everett A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23- 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 — 1930 to Sept 23 — 1934
I last saw her alive on Sept 23 1934. Death is said to have occurred on the date stated above, at 10 50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis -	
23B Some Years before	11-30/930

Other contributory causes of importance: unknown

Name of operation none Date of
What test confirmed diagnosis? Bed Side 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) Everett A. Oliver, M. D.
(Address) Richland Mo.