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 5 1935

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

Do not use this space.

18815

File No.

Registered No.

1. PLACE OF DEATH

County Webster

Township Union

City ~~Niangua~~ (No. , St. Ward)

Registration District No. 900

Primary Registration District No. 6208

2. FULL NAME Nannie Lynn Davis

(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1900

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or X min.
34	11 ~~24~~	24	

OCCUPATION

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. Home

10. Date deceased last worked at this occupation (month and year) April, 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County, Mo.

FATHER

13. NAME John Maroney

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

MOTHER

15. MAIDEN NAME Mattie Robertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County

17. INFORMANT (ADDRESS) Mabel Austin Niangua, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Eureka DATE May 4, 1935

19. UNDERTAKER (ADDRESS) [illegible] Marshfield Mo

20. FILED May 9 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on May 2, 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

	Date of onset
Double	
Tobar Pneumo	

Other contributory causes of importance:

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) Wm Schlicht, M. D.

(Address) Niangua Mo