

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.

JAN 16 1936

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

Do not use this space.

781

1. PLACE OF DEATH *Douglas*
County *Shelby* Registration District No. *272*
Township *Benton* Primary Registration District No. *5379*
City *Ada* (No. _____) St. _____ Ward _____
2. FULL NAME *Lilly Clay Chinn*
(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 yrs. *9* mos. *28* ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>B. E. Chinn</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 21 1886</i>		
7. AGE	YEARS <i>49</i>	MONTHS <i>9</i>
	DAYS <i>21</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) (STATE OR COUNTRY)	<i>Shelby County Mississippi</i>	
FATHER	13. NAME <i>John Martin Clay</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Shelby County Mississippi</i>	
MOTHER	15. MAIDEN NAME <i>Sarah Bartlett</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Shelby County Mississippi</i>	
17. INFORMANT (ADDRESS)	<i>B. E. Chinn</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Maywood</i> DATE <i>Jan. 14 1936</i>		
19. UNDERTAKER (ADDRESS)	<i>C. V. Chubbhead Ada Mo</i>	
20. FILED <i>Jan 13 1936</i>	<i>Henry Burke Registrar</i>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-12-1936*

22. I HEREBY CERTIFY, That I attended deceased from *1-11-1936*, to *1-12-1936*.
I last saw him alive on *1-12-1936*. Death is said to have occurred on the date stated above, at *39* m.
The principal cause of death and related causes of importance were as follows:
Pneumonia - Lobor Right lower lobe
Date of onset: _____

Other contributory causes of importance:
Chronic Arthritis Cardiac Failure

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? *NO*
If so, specify _____
(Signed) *M. C. Gentry*, M. D.
(Address) *Ada Mo*

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