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.

MAR 17 1939

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

7132
Do not use this space.

1. PLACE OF DEATH
(a) County Madison — Registration District No. 538
(b) Township St. Michael — Primary Registration District No. 3028 — Registered No. 14
(c) City Fredericktown — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Lucille Davis
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1938
7. AGE: YEARS 1 — MONTHS 1 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as 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) Fredericktown Missouri
FATHER
13. NAME Walter A Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mine La Motte Missouri
MOTHER
15. MAIDEN NAME Aline Kemp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Missouri
17. INFORMANT (ADDRESS) Walter A Davis Fredericktown Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown DATE Feb 15 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed H. Webb Fredericktown Mo
20. FILED Feb 15 1939 S.C.S. Congdon By C. D. [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1939, to Feb. 14, 1939
I last saw her alive on Feb. 14, 1939. Death is said to have occurred on the date stated above, at 4:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feb. 5

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? No
If so, specify .....
(Signed) E. E. Higdon, M. D.
(Address) Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.