SEP 6 1939

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi
Township Tywappity
City Wyatt (No. ..., ..... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 562

File No. 29729
Registered No. 78

2. FULL NAME Annie Lee Davis
(a) Residence, No. Wyatt, Mo 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. 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20, 1920

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 19 | 5 | 19 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
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) Mississppi

FATHER
13. NAME Rivers Melton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blaine Miss.

MOTHER
15. MAIDEN NAME Maggie Sneed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynona, Miss.

17. INFORMANT Rivers Melton
(ADDRESS) Wyatt, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE 7/25, 1939

19. UNDERTAKER Charleston, Mo
(ADDRESS) Lair-Nunnelee Funeral Service
Charleston, Mo

20. FILED 8-1-, 1939 Frank L Wemm
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 39, 19..., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulm Tuberculosis | D.K. |
| | |
| | |
| | |

Other contributory causes of importance: none

Name of operation none Date of .....
What test confirmed diagnosis? Cl. Symp. 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? .....
If so, specify .....
(Signed) E. Chas Lalumy, M. D.
(Address) Charleston Mo

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.

RECEIVED
District Health Officer No. 8
District File Number 939-179
Date Filed 9-2