

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

Do not use this space.

APR 29 1937

1. PLACE OF DEATH

County Webster

Registration District No. 897

File No. 14016

Township

Primary Registration District No. 4543

Registered No. _____

City Seymour (No. _____)

St. _____ Ward _____

2. FULL NAME

Lillie Davidson

(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. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or (OR) WIFE OF) L. H. Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 19 5 11

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.

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) Seymour Mo

13. NAME Jim Lueallen

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

15. MAIDEN NAME Emma Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Mo

17. INFORMANT (ADDRESS) Emma Lueallen
Seymour Mo

18. BURIAL CREMATION, OR REMOVAL PLACE Masonic Center DATE 3-11-37

19. UNDERTAKER (ADDRESS) L. Davidson
Seymour Mo

20. FILED 4-2 1937 Mrs W H Bollinger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1937, to Mar 10, 1937

I last saw her alive on Mar 10, 1937. Death is said to have occurred on the date stated above, at _____, _____, m.

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

Br. Intoxica Date of onset _____
Tobar Prunifer

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) W F Bohmelt, M. D.

(Address) Seymour Mo

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.

MAR 3 1947

DEPARTMENT OF CULTURE

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