

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 11 1939

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

Do not use this space.

3130

1. PLACE OF DEATH

County *Miss.*
Township *Ohio*
City *Wright Mo* (No. *1*)

Registration District No. *5768*
Primary Registration District No. *5765*

File No. *3130*
Registered No. *7*
St. *Wright* Ward

2. FULL NAME *Lucie Pearl Davis*

(a) Residence, No. *120* St. *Wright* 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 12 1939*

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

22. I HEREBY CERTIFY, That I attended deceased from *Jan 10 1939*, to *Jan 12 1939*. I last saw her alive on *Jan. 10 1939*. Death is said to have occurred on the date stated above, at *29* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 24, 1938*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *7 17*

Bronchial pneumonia following Bronchitis Date of onset *6 days*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *infant*
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

Other contributory causes of importance: *1974*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss. Co. Mo.*

13. NAME *Leonard Davis*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *no*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

15. MAIDEN NAME *Reddy Lee Milton*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

17. INFORMANT *Leonard Davis* (ADDRESS) *Wright Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *1-12-1939*

Manner of injury Nature of injury

19. UNDERTAKER *invited no undertaker* (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify (Signed) *W. S. Shore* M. D.

20. FILED *1-12-1939* *J. J. Brown* Registrar.

(Address) *Charleston Mo.*

