

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

Do not use this space.

**1. PLACE OF DEATH**

County Bates

Registration District No. 58

Township Pleasant Gap Twp

Primary Registration District No. 5892

City

(No. \_\_\_\_\_)

File No. 8732

Registered No. 9

St. \_\_\_\_\_

Ward \_\_\_\_\_

**FULL NAME** Christine Davis

(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 OF (OR) WIFE OF

B. E. Davis

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

June 21, 1907

7. AGE

YEARS

23

MONTHS

4

DAYS

22

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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.

2 1/2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

84

12. BIRTHPLACE (CITY OR TOWN)

Bates Co

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Albert D. Mat

14. BIRTHPLACE (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Christine Higgley

16. BIRTHPLACE (CITY OR TOWN)

Bates Co

(STATE OR COUNTRY)

Missouri

17. INFORMANT

B. E. Davis

(ADDRESS)

Rick Hill mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill

DATE March 17, 1931

19. UNDERTAKER

Butler's

(ADDRESS)

Butler mo

20. FILED

March 17, 1931

J. H. Compton  
Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 10 Am.

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

Suicide with 20 gauge shot gun through forehead.

172 dead when found.

84

Other contributory causes of importance:

Insanity

173 84

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? Viewed body.

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide (Date of injury March 5, 1931)

Where did injury occur? Bates Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In neighbors home.

Manner of injury Shotgun through head.

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

C. M. Rice M.D.

(Signed) Coroner Bates Co. Mo., M. D.

(Address) Butler

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.

APR 21 1931

