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.

DEC 19 1932

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

Do not use this space.

40083

1. PLACE OF DEATH
County Barton — Registration District No. 40 — File No.
Township ~~[illegible]~~ — Primary Registration District No. 4024 — Registered No. 46
City Lamar (No. , St. Ward)

2. FULL NAME Margaret Davis
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 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 Clint Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 10th, 1897
7. AGE YEARS 34 MONTHS 9 DAYS 21 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.
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) Vernon Co. Mo

FATHER
13. NAME Benj F. Fugate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Laura Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldora Springs Mo

17. INFORMANT (ADDRESS) Clint Davis Seanthica Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Cemetery DATE 1/1 1932
19. UNDERTAKER (ADDRESS) W J Ryan Lamar Mo
20. FILED Dec. 31 1931 A. J. Mynatt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st, 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec. 31st, 1931, to Dec 31st, 1931
I last saw her alive on Dec. 31st, 1931. Death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:
Strychnine ~~poison~~ taken with suicidal intent. Left note before death 163 E 163
Date of onset
Other contributory causes of importance:
Coroner decided no inquest was necessary
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide 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. home
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. T. Popplewell, M. D.
(Address) Lamar Mo.