

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

Do not use this space.

40030

1. PLACE OF DEATH

County Franklin Registration District No. _____
Township Kan Primary Registration District No. _____
City W. C. Mo. (No. General Hospital #2)

File No. _____
Registered No. 5038 Ward _____

2. FULL NAME

Willard Davis
(a) Residence, No. Unknown St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Don't know</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE	YEARS	MONTHS
<u>40</u>		
	DAYS	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
<u>Don't know</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>Don't know</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>Don't know</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Don't know</u>		
13. NAME		
<u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Don't know</u>		
15. MAIDEN NAME		
<u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Don't know</u>		
17. INFORMANT (ADDRESS)		
<u>Don't know</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Blue Ridge Cem.</u> DATE <u>12/30/37</u>		
19. UNDERTAKER (ADDRESS)		
<u>West Abington Jones</u> <u>1600 W. 16 St.</u> <u>W. C. Mo.</u>		
20. FILED		
<u>12/29/37</u> M. M. Groves <u>Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1937

I last saw h. alive on _____, 1937. Death is said to have occurred on the date stated above, at 11:58 a.m.

The principal cause of death and related causes of importance were as follows:
Gunsht wound of the abdomen

Date of onset 173
129

Other contributory causes of importance:
Anurabid pentonitis

Name of operation no Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide homicide Date of injury 12/29, 1937
Where did injury occur? 4th St. West W. C. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Violence by firearm

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) D. Hall, M. D.
(Address) Deputy Coroner

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.

