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.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 2047

Township — Primary Registration District No. 1001 — Registered No. 26

City St. Joseph (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Forest Davis 120

(a) Residence, No. 922 North 3rd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Kate Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 18, 1890.

7. AGE: Years 47 — Months 10 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wathena, Kansas.
10. Date deceased last worked at this occupation (month and year): November 1937.
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington Junction Missouri.

FATHER

13. NAME: Warren Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Laura Haggert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Kate Davis 922 N. 3rd. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: LaMar Cemetery. PLACE Elmo, Missouri. DATE Jan. 8, 1938

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED Jan. 8 1938 H. J. Neuthebus By J. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1938, to Viewed, 19..

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:45 A M

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

Suicide by fire arms — Date of onset

RECEIVED 167

FEB 21 1938

Other contributory causes of importance: none

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Name of operation none — Date of .....

What test confirmed diagnosis? History — 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 I. 7, 1938

Where did injury occur? St Joseph Mo (Specify city or town, county, and State)

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

Manner of injury Gun shot

Nature of injury Brain injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) B. W. Tadlock Coroner, M. D.

(Address) King Hill Bldg