

REC'D JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Shunklin*
Township
City *Clarkston* (No. *132*)

Registration District No. *284416B*
Primary Registration District No. *5403*

File No. *21768*
Registered No. *14* St. Ward

2. FULL NAME

(a) Residence, No. *ARTHUR* St. *Davidson* 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 <i>Male</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jessie Davidson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 12 - 1888</i>		
7. AGE	YEARS <i>50</i>	MONTHS <i>5</i>
	DAYS <i>18</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Tuph. collector</i>	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Musgr. telegraph station</i>	
	10. Date deceased last worked at this occupation (month and year)	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>	
	13. NAME <i>W. T. Davidson</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn.</i>	
	15. MAIDEN NAME <i>Hannetta Hallaway</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn.</i>	
	17. INFORMANT <i>Wife</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Shunklin</i> DATE <i>7/2</i> 19 <i>38</i>		
19. UNDERTAKER (ADDRESS) <i>Buried in funeral home Campbell Mo</i>		
20. FILED <i>7-10</i> 19 <i>38</i> <i>J. Steinhilber</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 30, 1938*

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at *5 P.* m.

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

Date of onset

gun shot wound in the head

Other contributory causes of importance:

self inflicted

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

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

If so, specify *George J. Simons, D.O.*

(Signed) *George J. Simons, D.O.* M. D.

(Address) *Coroner of Shunklin Co*

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Tennett MO

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.

