NOV 20 1939

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

35522
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph
Registration District No. 85
Primary Registration District No. 1001
Registered No. 1040
(d) Street No. St. Joseph Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Davis
(a) Residence, No. 1121 Main St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cecil Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1912
7. AGE: Years 27 | Months 9 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Maid
9. Industry or business in which work was done, as saw mill, bank, etc. Private Family
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) Columbia, Missouri

FATHER
13. NAME Rodie Claborne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Missouri

MOTHER
15. MAIDEN NAME Ella Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Missouri

17. INFORMANT Ella Bernett.
(ADDRESS) 1121 Main, St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Oct. 16, 1939.
19. FUNERAL DIRECTOR (NAME) Graves Funeral Home
(ADDRESS) 806 S. 17th. St.
20. FILED Oct 16 1939 A. J. Seitlebach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-39, 19
22. I HEREBY CERTIFY, That I attended deceased from Oct, 13th, 19 39 to Viewed, 19
I last saw her alive on, 19 Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Homocide by being beaten on head with a hammer

Date of onset

Other contributory causes of importance: none

Name of operation 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? Homicide Date of injury 10/12, 1939
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 Beaten with hammer
Nature of injury Fractured skull
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

Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2. 50M-1-12-38 I X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

A. T. Moore, or by Me,

Registered Apprentice No. 948, working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.