

NOV 25 1940

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

Do not use this space.

1. PLACE OF DEATH

County Harrison

Registration District No. 336

Township

Primary Registration District No. 4199

City Cainsville, Mo.

(No.)

St.

Ward)

2. FULL NAME Audie O. Davis.

(a) Residence, No. Cainsville, Mo. St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George D. Davis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 16, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 15

OCCUPATION

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housekeeper

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County Missouri.

13. NAME John W. Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Susan Tarwater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT P. C. Davis, (ADDRESS) Cainsville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oaklawn Cemetery DATE October 4, 1940

19. UNDERTAKER Eddie H. Stokloss (ADDRESS) Cainsville, Missouri

20. FILED Oct 10, 1940 Le. E. Oden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from 165, 1940, to 165, 1940.

I last saw him alive on about 3:30, 1940. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Suicide
by hanging

Other contributory causes of importance:

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 Oct 2, 1940

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

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

Manner of injury in home hanging

Nature of injury strangulation

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

If so, specify (Signed) Joe E. Wheeler M.D.

(Address) Bethany 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.

no Social Security no

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