

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

Do not use this space.

9308

1. PLACE OF DEATH

County Henry
Township Bethlehem
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 5489A

File No. _____
Registered No. 147 Ward _____
St. _____

2. FULL NAME

HENDERSON F. DAVIS

(a) Residence, No. CLINTON MO R253 Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 CLARA DAVIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 10

OCCUPATION 8. Trade, profession or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. Farmer

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

MOTHER 13. NAME Solomon Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County

17. INFORMANT (ADDRESS) Ira Davis Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE 3-6-33

19. UNDERTAKER (ADDRESS) Tred Wilkinson Clinton Mo

20. FILED 3/6 1933 Ed C. Peeler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-33

22. I HEREBY CERTIFY, That I attended deceased from _____, 1933 to _____, 19____
I last saw him about 5:30 on March 5th Death is said to have occurred on the date stated above, at about 8:0 A.M.

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

suicide by hanging from a Rapp. Date of onset _____

Other contributory causes of importance: Loss of money in Bank & rupture of Meibomian gland

Name of institution _____ of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in all the following: Accident, suicide, or homicide Suicide Date of injury _____, 1933
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury hanging near log
Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) N. J. Jennings _____, M. D.
(Address) Clinton Mo
Jugene Hill March 5th 1933

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.

