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.

MAY 27 1931

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 792 — File No. 16717
Township Arrow Rock — Primary Registration District No. 4473 — Registered No.
City Arrow Rock (No. ..... St. ..... Ward)

2. FULL NAME Claudie O. Claude Davis

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: n
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Bennie Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-15-1894

7. AGE: Years 36 — Months 10 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gambler
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Slater, Mo.

PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): M. ✓
12. MAIDEN NAME OF MOTHER: Belle Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs. Bennie Davis
(Address): Slater Mo.

15. FILED 4-25, 1931. C. L. Lawless, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19- 1931

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ HELD INQUEST APR 19-, 1931, to ✓, 19..., that I last saw h. ✓ alive on ✓, 19..., and that death occurred, on the date stated above, at ABOUT 4 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
SHOT GUN WOUND IN BACK JUST TO LEFT OF SPINAL COLUMN AND AT THE VERY TOP OF LEFT LUNG.
✓ (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ✓ 173
✓ (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? NO — DATE OF 4-19-31
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) [illegible], M. D
4-19, 1931 (Address) ARROW ROCK MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Slater Mo. — DATE OF BURIAL: 4-21 1931

20. UNDERTAKER: Kill Brothers — ADDRESS: Slater

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County Saline — Registration District No. 792 — File No. .....

Township ..... — Primary Registration District No. 4473 — Registered No. .....

City Arrow Rock — (..... St. ..... Ward)

2. FULL NAME Claude Davis

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	Col	M

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

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

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 5-30, 1931 C. L. Lawless
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/19 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Homicide
Shot gun wound in back left of spinal column and at the very top of left lung
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Homicide
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

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5-16717

THE AMERICAN LEGION

CHARLES E. BOLLMAN POST NO. 78

SLATER, MO.

July 25, 1931.

TO STATE REGISTAR BUREAU OF VITAL STATISTICS:

JEFFERSON CITY, MISSOURI.

I was the Informant of the death of Claudie O. Davis who died at Arrow Rock, Missouri on April 19, 1931.

Registar, C.L.Lawless, evidently did not spell the name correctly as the certificate of death shows the name as Claude Davis.

I HEREBY CERTIFY that Claudie O. Davis was the man killed at Arrow Rock, Missouri, by shotgun wound, April 19, 1931. And request that all records in the office of the State Registar, Bureau of Vital Statistics, Jefferson City, Missouri, be changed to read Claudie O. Davis.

I, Bennie Davis, of Slater, Saline County, Missouri do on oath depose and say that the above facts are true to the best of my knowledge and belief.

(Signed) Bennie Davis

Subscribed and sworn to before me this 27th day of July, 1931.

Ernest M. Gay
Notary Public.
Saline Co Mo

My commission expires Mar 18th 1933

S-16717