

AUG 18 1937

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

Do not use this space.

26561

1. PLACE OF DEATH *Andrain*
County *Andrain* Registration District No. *26*
Township *Andrain* Primary Registration District No. *3002*
City *Mexico Mo* (No. *Andrain Hospital*) St. *104* Ward *1*

2. FULL NAME *Thomas Edward Gore*
(a) Residence, No. *Vandalia Mo* St. *104* Ward *1*
(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 26 1852*

7. AGE YEARS *85* MONTHS *5* DAYS *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, 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

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *Kalls Co Mo*

FATHER 13. NAME *Ashford Gore* 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *Kentucky*

MOTHER 15. MAIDEN NAME *Mary Jane Oustott* 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Edgar Gore Vandalia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Tan defun Mo July 19 37*

19. UNDERTAKER (ADDRESS) *W. S. Water Vandalia Mo*

20. FILED *7-19-37* *Blanche Keely* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 18 1937*

22. I HEREBY CERTIFY that I attended deceased from *July 13 1937* to *July 18 1937*
I last saw him alive on *July 18 1937* Death is said to have occurred on the date stated above, at *5:00 AM*
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset
Pulmonary edema
AS

Other contributory causes of importance:
General arteriosclerosis
Nervous deg. right myocardial

Name of operation *Arteriosclerolysis* Date of *7/18/37*
What test confirmed diagnosis *funduscopy* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury *7/18/37*
Where did injury occur? *none*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *no*

Manner of injury *no*
Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
Also, specify *no*
(Signed) *McCrashar* M. D.
(Address) *Mexico, 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.

