

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

Do not use this space.

32602-a

JUL 29 1935

1. PLACE OF DEATH

County Stone  
Township Cass  
City Montague (No. 1)

Registration District No. 164-8  
Primary Registration District No. 611

File No.                       
Registered No.                       
St.                      Ward                     

2. FULL NAME

(a) Residence, No. Jamesville 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jake Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 - 1892</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>8</u>
	DAYS <u>5</u>	IF LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>	
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>	
	11. Total time (years) spent in this occupation <u>                    </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Mike Gabagan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Allie Mayberry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Jake Lewis</u> (ADDRESS) <u>Highlandville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montague</u> DATE <u>Oct 15</u> 19 <u>35</u>		
19. UNDERTAKER <u>Harold Reed</u> (ADDRESS) <u>                    </u>		
20. FILED <u>July 15 1935</u> <u>Loretta Leonard</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 14</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>July 30</u> 19 <u>35</u> to <u>Oct 14</u> 19 <u>35</u> I last saw him alive on <u>Oct 10</u> 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>8</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Tuberculosis of Lungs</u> <u>23A</u> <u>23B</u> Other contributory causes of importance <u>                    </u>
Name of operation <u>None</u> Date of <u>                    </u> What test confirmed diagnosis? <u>                    </u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>                    </u> Date of injury <u>                    </u> 19 <u>                    </u> Where did injury occur? <u>                    </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>                    </u>
Manner of injury <u>                    </u> Nature of injury <u>                    </u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>                    </u> (Signed) <u>J. H. Wade</u> M. D. (Address) <u>Barb Mo</u>

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 CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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