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

Do not use this space.

14102

MAY 23 1927

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township Saltriver — Primary Registration District No. 3002 — Registered No. 57

City Mexico (No. ..... St. ..... Ward)

2. FULL NAME James Reid Gamble

(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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 29-1927

7. AGE — YEARS — MONTHS — DAYS: 1 — If LESS than 1 day, 12 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) Mexico (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Alexander R. Gamble

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

12. MAIDEN NAME OF MOTHER Alta Ethel Watts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co, Mo.

14. INFORMANT Alexander R. Gamble (Address) Mexico Mo.

15. FILED May 1st 1927 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1927, to Apr May 1, 1927 that I last saw him alive on May 1, 1927, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

160B Birth injury to head.

86 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Convulsions

(duration) yrs. mos. 1 ds.

161B

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Frank Jolley, M. D.

5/1, 1927 (Address) Mexico, 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: Mexico Mo. — DATE OF BURIAL: May 1 1927

20. UNDERTAKER: McPherters Bros. — 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.