

AUG 6 1927

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

Do not use this space.

20836

1. PLACE OF DEATH

County CallawayRegistration District No. 104

Township

Primary Registration District No. 3008City Fulton, Mo. (No.)

File No.

Registered No. 1454

St. Ward)

2. FULL NAME

Champ Clark Gathright

(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. 5

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)

Child.

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

Child.

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

Jan. 29th, 1914

7. AGE

YEARS 13MONTHS 5DAYS 27

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

II

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.10. NAME OF FATHER J. D. Gathright.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.12. MAIDEN NAME OF MOTHER Maggie Davis.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

J. D. Gathright.

(Address)

R. D. D. No. 3 New Bloomfield, Mo.

15.

July 27, 1927R. N. Crew

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/26/27 19

17.

I HEREBY CERTIFY, That I attended deceased from July 18th, 1927 to July 26/27, 1927, that I last saw him alive on 7/26/27, 1927, and that death occurred, on the date stated above, at About 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ileus paralyticus, transverse, descending colon and sigmoid flecture.5 days after recovery from drained ruptured, abscessed appendix,CONTRIBUTOR: previous abscessed appendix

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH es. DATE OF 7/17/27WAS THERE AN AUTOPSY examination under ether. just preceding death.

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Greene D. Webb, Call

M. D.

, 19 (Address) Fulton 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

DATE OF BURIAL

New Bloomfield, Mo.7/27/28 19

20. UNDERTAKER

ADDRESS

Herndon-Tay or Furn-Co. Fulton. Mo.

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.

