

SEP 28 1927

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

Do not use this space.

24751  
63

1. PLACE OF DEATH

County Lafayette  
Township Sublet  
City Sublet (Name)

Registration District No. 461  
Primary Registration District No. 3024

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 18 1927

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

17. I HEREBY CERTIFY That I attended deceased from Oct 1926 to Aug 18 1927 that I last saw him alive on Aug 19 1927 and that death occurred, on the date stated above, at 2:15 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 1912

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
15 | 5 | 1

Scholar heart disease

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student  
(b) General nature of industry, business, or establishment in which employed (or employer) Public School  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. da.

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

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

10. NAME OF FATHER Mathias Gaffin

8 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

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

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) J. H. Lundell, M. D.

12. MAIDEN NAME OF MOTHER Esther Lundell

Aug 19 1927 (Address) Keokuk Ia

\*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.

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

14. INFORMANT (Address) Mathias Gaffin  
Keokuk Ia

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. Aug 19 1927 J. D. Cape  
REGISTRAR

20. UNDERTAKER ADDRESS  
Crest Regent Keokuk Ia

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.

