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

Do not use this space.

5737

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Pemiscot

Township: Cross

City: ..... (No.) ..... St. ..... Ward)

Registration District No.: 605

Primary Registration District No.: 5-804

2. FULL NAME: J. H. Gamblin

(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.

MAR 23 1928

Be careful to see that 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Gamblin (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 21, 1850

7. AGE: Years 77 | Months 8 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell Co., Ga.

PARENTS

10. NAME OF FATHER: Wm. Gamblin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ga.

12. MAIDEN NAME OF MOTHER: Sarah (unknown)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ga.

14. INFORMANT: Bertha Bratcher
(Address): Caruth, Mo.

15. FILED: 2-4-28 C. S. Blackman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1928, to Feb 4, 1928, that I last saw h. alive on Jan 29, 1928, and that death occurred, on the date stated above, at ..... a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Haemorrhoids

CBC 1006 142 Internal

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms

(Signed) C. S. Blackman, M. D.

2-4-1928 (Address) Parma 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: Gardner Cemetery

DATE OF BURIAL: 2-5 1928

20. UNDERTAKER: T. G. Knight

ADDRESS: Parma, Mo