WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

6551

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1488

City St. Louis (No. 5381, Waterman Ave. St. ..... Ward)

2. FULL NAME John Matthews Gamble

(a) Residence. No. 5381 Waterman Ave. St., 12 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 11 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1868

7. AGE: 59 YEARS | MONTHS: 11 | DAYS: 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Banking business
(b) General nature of industry, business, or establishment in which employed (or employer): Assistant Cashier
(c) Name of employer: Nat. Bank of Commerce

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: David C. Gamble
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: Flora Matthews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Mo.

14. INFORMANT: W. G. Gamble
(Address) 5381 Waterman Ave.

15. FILED FEB 9 1928, 19.. Max C. Starkly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1927, to Feb 8, 1928, that I last saw him alive on Feb 5, 1928, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94B
94A
89
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis Coronary
(duration) ? yrs. ? mos. ? ds.

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? Pains arms & chest

(Signed) Louis H. Behrens, M. D
Feb 8, 1928 (Address) 301 Times Bldg

*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: Bellefontaine
DATE OF BURIAL: Feby 9 1928

20. UNDERTAKER: Wagoner
ADDRESS: 3621 Olive