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.

16241

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 1920 Jones, St. Ward)

File No.
Registered No. 635

2. FULL NAME Rebecca Maria Gay,
(a) Residence. No. St., Ward. Union Star, Missouri,
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 1, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	9	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hendricks County,
(STATE OR COUNTRY) Indiana,

PARENTS

10. NAME OF FATHER Eli Mullen,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hendricks Co.,
(STATE OR COUNTRY) Indiana,
12. MAIDEN NAME OF MOTHER Rebecca Chapman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hendricks CO
(STATE OR COUNTRY) Indiana,

14. INFORMANT James Gay
(Address) Union Star, Missouri.

15. FILED MAY 17 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14, 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/30-28 April 30 - 1928, to May 14 1928 that I last saw her alive on 5/14 1928 and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis
78B
(duration) mo/ yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Coma
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Union Star Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) M. J. Farber, M. D
5/19, 1928 (Address) 109 1/2 No 8

*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: Helena Mo.
DATE OF BURIAL: May 20 1928

20. UNDERTAKER: Heaton Bigole & Bowman by J. H. Karle
ADDRESS: 319 S. 10 St. Funeral Home