UL 24 1928

259

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

Do not use this space.

19995

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 19995

Township — Primary Registration District No. 1001 — Registered No. 789

City St Joseph, Mo (No. State Hospital for Insane No. 2 St. ..... Ward)

2. FULL NAME Ada May Gay

(a) Residence. No. 2417 Charles St St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. 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: Alonzo A. Gay

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 27, 1888

7. AGE: 39 YEARS — MONTHS: 9 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Hardin Co. Nebraska

PARENTS

10. NAME OF FATHER: Chauncey B. Hallenbeck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois
12. MAIDEN NAME OF MOTHER: Katie Perrine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kansas

14. INFORMANT: Alonzo A. Gay
(Address) 2417 Charles St

15. FILED JUN 25 1928 — John G. Jetz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 22 1928

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to June 22, 1928, that I last saw her alive on June 22, 1928, and that death occurred, on the date stated above, at 7-25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of Insane
83
84 71 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Insanity (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? Clinical History
(Signed) E. Baker, M. D
6/22, 1928 (Address) St Joseph, 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: Helena Mo via auto — DATE OF BURIAL: June 24 1928

20. UNDERTAKER: Heaton-Bergold-Bowman by J. W. Haale — ADDRESS: 219 S. 10th. Funeral Home

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.