

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

Do not use this space.

**1. PLACE OF DEATH**

County..... *Pike*  
Township..... *Springer*  
City..... *Curryville Mo* (No. ....)

Registration District No..... *686*  
Primary Registration District No..... *2410*

File No. *8 24710*  
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 *35* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

*Henry Clay Gitts*

**PERSONAL AND STATISTICAL PARTICULARS**

**2. SEX**

*Male*

**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**

*Hermene ~~Starr~~ Kernen's Gitts*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*Apr. 27-1856*

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>72</i>	<i>2</i>	<i>26</i>	

**8. OCCUPATION OF DECEASED**

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

*Physician Med*

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Mo.*

**10. NAME OF FATHER**

*John L Gitts*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Ky.*

**12. MAIDEN NAME OF MOTHER**

*Mattie J. Long*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Don't know*

**14.**

INFORMANT  
(Address)

*Mrs. Heron Gitts  
Curryville*

**15.**

FILED *7/27/28*

*J. Edwards*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*July 25 19 28*

**17.**

I HEREBY CERTIFY, that I attended deceased from ..... 19....., to ..... 19....., and that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at ..... 8 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Infarction of Heart*

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) *E. M. Davis Coroner*

, 19 (Address) *Bonhaysen 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 DATE OF BURIAL**

*Widdleton Cemetery July 28 19 28*

**20. UNDERTAKER**

ADDRESS

*H. B. Moore Bonhaysen*

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.

1928

