

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

Do not use this space.

26250

1. PLACE OF DEATH  
County... *Callaway* Registration District No. *887*  
Township... *Clinton* Primary Registration District No. *6179*  
City... (No. ....) St. .... (Ward) ...

File No. ....  
Registered No. *79*

2. FULL NAME *Albert Gamble*  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. 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 *Evelyn Gamble*  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1883-?-?*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*25* ? ?

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *miner*  
(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) *Jefferson Co. Mo.*

10. NAME OF FATHER *John Gambell*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) *Jefferson Co.*  
12. MAIDEN NAME OF MOTHER *Luah Hoakins*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) *Jefferson Co.*

14. INFORMANT *Earl Gambell*  
(Address) *Polotti Mo.*

15. FILED *9/6/28* *J. L. Thurman*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 8, 1928*  
17. I HEREBY CERTIFY, That I attended deceased from *June 1, 1928* to *July 8, 1928*, that I last saw him/her alive on *June 11, 1928*, and that death occurred, on the date stated above, at *8 A* m.

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

CONTRIBUTORY (SECONDARY) *31*  
(duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? *—*

19. DID AN OPERATION PRECEDE DEATH? *—* DATE OF ...  
WAS THERE AN AUTOPSY? *—*

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *A. F. Campbell*, M. D.  
, 19 (Address) *Polotti*

\*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 *Vineyard - Camalans* DATE OF BURIAL *7-9 1928*

20. UNDERTAKER *Spahr & Spahr* ADDRESS *Polotti*

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.

1948年  
10月  
10日

10月10日

10月10日

10月10日

10月10日

10月10日

10月10日