

NOV 21 1928

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

Do not use this space.

35297

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 3

Township Springfield

Primary Registration District No. 12001

Registered No. 729

City Springfield (No. 1069)

St. Grant

St. 729

Ward

2. FULL NAME

Bertie Gatewood

(a) Residence. No. 1069 S. Grant 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. 49 | 8 | 28

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Domestic (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) Mo.

10. NAME OF FATHER John Gatewood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Otta Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ark

14. INFORMANT Charles Garrett (Address) 1069 S. Grant

15. FILED 10-16-28 19 Oct 16 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-14 1928

17. I HEREBY CERTIFY That I attended deceased from aug 1 1928 to aug 1 1928 that I last saw her alive on aug 1 1928 and that death occurred, on the date stated above, at 1030 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of womb  
15 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Mo. IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS. (Signed) A. Armstrong, M. D. , 19 (Address) Springfield 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 Hazelwood Cem DATE OF BURIAL Oct 16 1928

20. UNDERTAKER W. P. Campbell ADDRESS 869 Wash

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. 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.

