MAR 23 1929

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

Do not use this space.

40309

1. PLACE OF DEATH
County: Grundy
Registration District No. 330
Primary Registration District No. 3017
File No.
Registered No.
Township
City: Trenton (No. ..., ... St. ... Ward)

2. FULL NAME: Louisa Palmer Gay

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Mar

5X. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W B Gay

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 21-1867

7. AGE: Years 61 | Months 8 | Days 20 | 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): Grundy Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: H. A. Palmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Angeline —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Not Known

14. INFORMANT: W B Gay
(Address): Trenton Mo

15. FILED Dec 22, 1928 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1928, to Dec 10, 1928 that I last saw her alive on Dec 9, 1928, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) C H Cullers, M. D
12-11-, 1928 (Address) Trenton 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: Oldfield
DATE OF BURIAL: Dec 12 1928
20. UNDERTAKER: Gypson Funeral Home
ADDRESS: Trenton Mo

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.