

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

Do not use this space.

15575

29 1929

PLACE OF DEATH
County Phelps
Township Arlington
City Newburg

Registration District No. 676
Primary Registration District No. 4402

File No.
Registered No. 7
St. Ward)

2. FULL NAME Wm J. Gavick

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 0 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Phelps Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER James Gavick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) E. of Louisiana

12. MAIDEN NAME OF MOTHER Frances Wedel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

14. INFORMANT Jessie Gavick
(Address) Newburg Mo

15. FILED 4/24 1929 BT Burns
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 - 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to April 23, 1929 that I last saw him alive on April 18, 1929, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. E. Brewer M. D.

Address Newburg 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 Arlington Mo DATE OF BURIAL 4/24 1929

20. UNDERTAKER Lee Johnson ADDRESS Newburg 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.

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