

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

Do not use this space.

✓ 25566

**1. PLACE OF DEATH**

County Ray Registration District No. 744  
 Township Richmond Primary Registration District No. 3035  
 City Richmond (No. \_\_\_\_\_) Registered No. 62  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thomas Jefferson Gorham  
 (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 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 Mrs T.J. Gorham  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/10 - 25 - 1877  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 57 7 21  
 8. OCCUPATION OF DECEASED 2300  
 (a) Trade, profession, or particular kind of work Farming 2-10M  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Richmond  
 (STATE OR COUNTRY) MO

10. NAME OF FATHER T.J. Gorham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawson  
 (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Sarah Ann Schoolcraft

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawson  
 (STATE OR COUNTRY) MO

14. INFORMANT Mrs. Ben. Alnutt  
 (Address) Richmond, MO

15. FILED July 17, 29 E. E. Fay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16, 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1929, to July 16, 1929, that I last saw him alive on \_\_\_\_\_, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_, \_\_\_\_\_, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fracture of Base of Skull  
from accidental fall  
from automobile  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? Yes

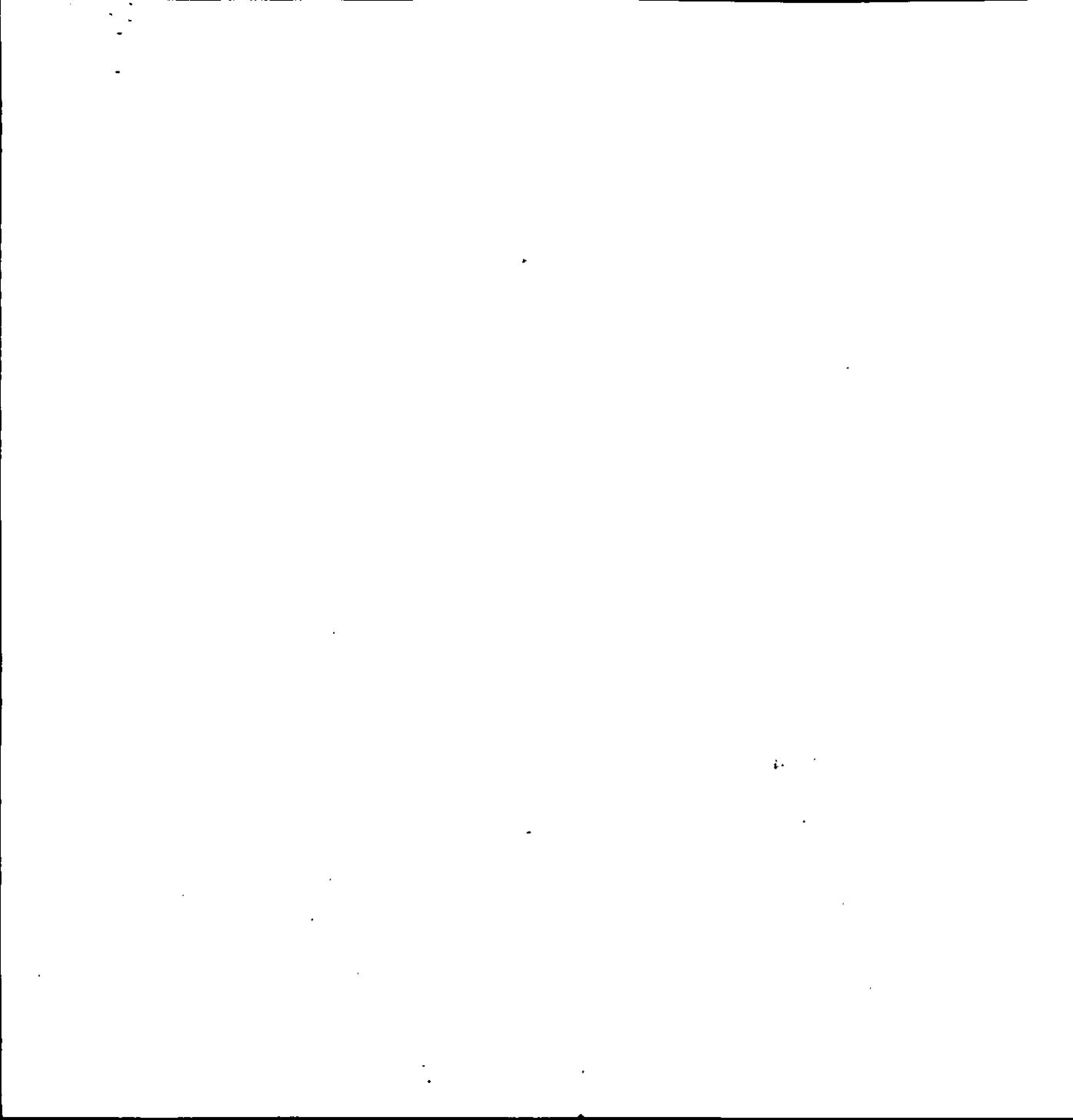
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Grover W. Gaiser, M. D.  
Coroner

July 16, 1929 (Address) Rayville

\*State the DISEASE CAUSING DEATH, if 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 Thompson Cemetery DATE OF BURIAL July 17, 1929

20. UNDERTAKER E. Thurman ADDRESS Richmond



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Ray Registration District No. 444 File No. 63  
 Township Richmond Primary Registration District No. 2035- Registered No. 63  
 City Richmond (No. ....) St. .... Ward)

**2. FULL NAME**

Thomas Jefferson Gorham  
 (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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

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

**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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

**14.**

INFORMANT (Address)

FILED

July 17 1929 E. E. Gay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1929

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

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

Fracture of base of skull from accidental fall from automobile in city of Richmond, Mo.  
 CONTRIBUTORY Ray County (duration) yrs. mos. da.

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) 1880

, 19 (Address) 216 M. D.

\*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

20. UNDERTAKER

ADDRESS

19

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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