

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

Do not use this space.

23991

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. C) St. 64 Ward 64

2. FULL NAME William B. Gamed
 (a) Residence. No. N. Whitmer St. 3 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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20th 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 2 18

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

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

PARENTS

10. NAME OF FATHER Albert Gamed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

14. INFORMANT Maggie Lewis
 (Address) Horton, Kansas

15. July 8, 1930 E. E. Gay REGISTERAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930 to July 8th 1930
 that I last saw him alive on 7/7/30 and that death occurred, on the date stated above, 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

CONTRIBUTORY (SECONDARY) 93c
heart disease yrs. mos. ds.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90B
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? 0 DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. T. M. Young M. D.

. 19 (Address) Richmond

*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 City Cemetery DATE OF BURIAL 7-13 1930

20. UNDERTAKER A. W. Mausel ADDRESS Richmond

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 26 1930

