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

Do not use this space.
24070

1. PLACE OF DEATH
County St Francois — Registration District No. 774 — File No. 138
Township — Primary Registration District No. 6018B — Registered No.
City Esther (No. ..... St. ..... Ward)

2. FULL NAME Randall Lee Gant
(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.

AUG 26 1930

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 8 30 am

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, 14 hrs. or x min.
X	X	X	

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Esther Mo

PARENTS
10. NAME OF FATHER: Frank Gant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Greely, Missouri
12. MAIDEN NAME OF MOTHER: Gladys Pirtle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Madison Co Missouri

14. INFORMANT: Frank Gant
(Address) Esther Mo

15. FILED Aug 6, 1930 W J Bryan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1930

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1930 to July 25, 1930 that I last saw him alive on July 25, 1930, and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth caused by fall.
Pneumonia developed in 6 hrs (duration) yrs. 10 hrs mos. ds.

CONTRIBUTORY (SECONDARY) Premature child (duration) yrs. 1 mos. ds.

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) E C Rohrbach, M. D.
7/26, 1930 (Address) Flat River 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: Madison Co Mo.
DATE OF BURIAL: 7-26 1930

20. UNDERTAKER: Raymond Caldwell
ADDRESS: Flat Rim Mo.