

OCT 29 1930

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

Do not use this space.

1. PLACE OF DEATH

County Jasper

Registration District No. 41

File No. 30255

Township Jasper

Primary Registration District No. 5

Registered No. _____

City Jasper (No. St. Johns)

St. _____ Ward _____

2. FULL NAME

Harlin Armond Gachagan

(a) Residence. No. 720 S. 1st Ave. 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1927

7. AGE YEARS 2 MONTHS 11 DAYS 3 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) Joplin Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Earl Gachagan

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

12. MAIDEN NAME OF MOTHER Helma Gachagan

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

14. INFORMANT Family
(Address)

15. FILED 9/10 1930 W. Simpson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1930

17. I HEREBY CERTIFY That I attended deceased from Sept 1 1930 to Sept 10 1930 that I last saw him alive on Sept 9-458 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Secum abscess
1215

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 1930
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 10

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) U. G. Thomas M. D.

(Address) Joplin 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 On New Park Cemt DATE OF BURIAL 9-13 1930

20. UNDERTAKER Newbest and Goff ADDRESS _____

WRITE PLAINLY. WITH UNFADING INK---THIS IS 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.

