NOV 22 1930

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

Do not use this space.

32493

1. PLACE OF DEATH
County Daviess
Township
City Gallatin (No. St. Ward)
Registration District No. 250
Primary Registration District No. 4150
File No.
Registered No. 593

2. FULL NAME Avril Everett 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.

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 Beatrice Gant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-1-1884

7. AGE: YEARS 46 MONTHS 4 DAYS 30 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming 92A 133B
(b) General nature of industry, business, or establishment in which employed (or employer) Agriculture
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Julius M. Gant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.
12. MAIDEN NAME OF MOTHER Emily F. Glasscock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

14. INFORMANT Beatrice Gant
(Address) Gallatin Mo.

15. FILED 11/1, 1930 Ph. Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31- 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930 to Oct 31, 1930 that I last saw him alive on Oct 31, 1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tricuspid Regurgitation + Mitral
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Nephritis
(duration) yrs. 4 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? Chem. + phys.
(Signed) M B Bailey M.D.
11-1-, 1930 (Address) Gallatin 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: Brown Cemetery
DATE OF BURIAL: 11/2- 1930

20. UNDERTAKER: H A Hope
ADDRESS: Gallatin

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