

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

Do not use this space.

40420

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Ralls
Township Center
City Center (No. _____)

Registration District No. 725-
Primary Registration District No. 4431

2. FULL NAME Eliza Jane Gay

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Gay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>77</u>	<u>11</u>	<u>11</u>	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Illinois

PARENTS
10. NAME OF FATHER Joseph Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Anna Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT John W. Gay
(Address) Center, Mo.

15. FILED 12/30 1930 J. T. Howard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1930 to Dec 25, 1930, that I last saw him alive on Dec 25, 1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Liver
4 1/2 yrs
18 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4 1/2 yrs
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH. No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) H. P. Batta, M. D.
Dec 26, 1930 (Address) Center, 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	DATE OF BURIAL
<u>Salem Cemetery</u>	<u>12/27 1930</u>

20. UNDERTAKER*	ADDRESS
<u>G. R. Hulse</u>	<u>Center</u>

N. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 31 1931

