

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.

1931  
2 1 1931

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

Do not use this space.

13206

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph Mo. (No. Missouri Methodist) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 372  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Davis Gully  
(a) Residence, No. 1312 So. 6. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 65 yrs.  mos.  ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lydia Ann Gully</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 31 - 1861</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>5</u>
		<u>3</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Resturant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Prop.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1929</u>	
	11. Total time (years) spent in this occupation <u>25 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co. Missouri</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Harry Howard</u> (ADDRESS) <u>3501 N. 7th Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>April 9, 1931</u>		
19. UNDERTAKER <u>Fleeman Funeral Home</u> (ADDRESS) <u>519 E. 10th St. St. Joseph Mo.</u>		
20. FILED <u>4-9-31</u> 19 <u>John R. Bender</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1931, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on April 4, 1931. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:  
Phlegmonous Laryngitis with pulmonary Edema  
1145  
Other contributory causes of importance:  
Mediastinal Abscess with streptococci septicemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy + blood culture Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. (D)

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Earl Whitsett, M. D.  
(Address) 824 Edmond

