

Dr. Robt. Williams

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

Do not use this space.

17689

1. PLACE OF DEATH
 39 County Green Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. Springfield to Hospital) St. Mo. Ward 386
 2. FULL NAME Delia G. Gammor
 (a) Residence, No. 1039 S. Broad St., Mo. Ward 386
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Gammor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 6 24
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van. Mo 1
 13. NAME Benjamin Crow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palt. Co. Mo
 15. MAIDEN NAME Elizabeth Crow
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31
 17. INFORMANT Edward Gammor
 (ADDRESS) Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Mo DATE 5/18 31
 19. UNDERTAKER H. E. Ferguson
 (ADDRESS) Buffalo, Mo.
 20. FILED 5-18 1931 Gen Sharp
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1931
 22. I HEREBY CERTIFY, That I attended deceased from May 10 1931, to May 16 1931
 I last saw him alive on May 16 1931. Death is said to have occurred on the date stated above, at 9 P.M.
 The principal cause of death and related causes of importance were as follows:
 Cerebral Hemorrhage May 10
 Other contributory causes of importance: Age
 Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1931
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify None
 (Signed) Robert J. Williams, M. D.
 (Address) Springfield Mo

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

JUN 25 1931

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