

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

Do not use this space.

30408

1. PLACE OF DEATH

County Wright Registration District No. 907
 Township Plains Valley Primary Registration District No. 4548
 City Manassah (No. _____) St. _____ Ward _____

2. FULL NAME Tollet Gann

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 70 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 <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eula Gann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23-1854</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>8</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>Farmed</u>	
	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) <u>Jan 1930</u>	
	11. Total time (years) spent in this occupation <u>60</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
FATHER	13. NAME <u>Edwin Gann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Andrew</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>W. A. Steffe, Manassah, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wolf Creek Cem</u> DATE <u>Sept 1</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Steffe, Manassah, Mo.</u>		
20. FILED <u>Aug 31</u> 19 <u>31</u> <u>J. H. Fusor</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Sarcoma of Cervical glands
This was of 3 years duration and he died without medical attention
 Other contributory causes of importance:
53E
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. A. Steffe, Coroner, M. D.
 (Address) Manassah Mo.

SEP 38 1931

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