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.

OCT 24 1931

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

Do not use this space.

32022

File No. 26

Registered No.

1. PLACE OF DEATH
County Pennisco Cot
Township Goodair
City Portageville (No. , St. Ward)
Registration District No. 114
Primary Registration District No. 5869

2. FULL NAME Rachel Meatt Gaskin
(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: female
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 Preston Gaskins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-13-1910
7. AGE: YEARS 21 | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Portageville

FATHER
13. NAME Bernie Meatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo

MOTHER
15. MAIDEN NAME Dona Burgit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee

17. INFORMANT (ADDRESS) Bernie Meatt Portageville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 9-13-31
19. UNDERTAKER (ADDRESS) T. B. McPherson Portageville Mo.
20. FILED 9/29, 1931 C. A. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1931, to 9-11, 1931
I last saw her alive on 9-12, 1931. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Malaria, fever, Tonsillitis, Roseola etc.

38
115A
44C
38

Other contributory causes of importance: Child birth, Still born

Date of onset

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

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) A. A. Reeder M. D.
(Address) Portageville, Mo.