

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.

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

Do not use this space.

41347

1. PLACE OF DEATH

County Jefferson Registration District No. H20

Township Waller Primary Registration District No. 5574

City Hemate (No. _____) St. _____ Ward _____

File No. _____

Registered No. 100

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 1 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>Female</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>Bana P. Hadlock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14-1880</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>2</u>
	DAYS <u>6</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>Housewife</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hemate Mo.</u>		
FATHER	13. NAME <u>John B. Gamache</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Corie E. Nully</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hemate Mo.</u>	
17. INFORMANT (ADDRESS) <u>Corie E. Gamache Hemate Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Methuist Cem. Hemate</u> DATE <u>Dec. 22, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Donnell B. Dietrich</u>		
20. FILED <u>12/31</u> 19 <u>31</u> <u>B. P. Ruggly</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1931

2. I HEREBY CERTIFY, That I attended deceased from Dec-17- 1931, to Dec-20, 1931
I last saw h. u alive on Dec 18, 1931. Death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset Oct 1930

Other contributory causes of importance:
None

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? _____
If so, specify Chronic Nephritis M. D.
(Signed) Chas. E. Libby
(Address) 401-5-5th St - De. So. Mo.

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