

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

Do not use this space.

9665

2

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

85 County Pulaski Registration District No. 714
Township Roubidoux Primary Registration District No. 5944
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Amanda Gay
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 8 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) March 9, 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME John Gay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Sallie Ann Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Joe Gay

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship Ave DATE 3-10-1932

19. UNDERTAKER (ADDRESS) Atterberry & Grance

20. FILED 4-8-1932 S. H. Kooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:45 AM

The principal cause of death and related causes of importance were as follows:

This woman had no medical attention. Had the flu for several days. Death was probably due to bronchial pneumonia.

Other contributory causes of importance:

11A 107A 1101 (5)

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 _____

(Signed) C. C. Talbot, Co. Physician, M. D.

(Address) Wagonville, Mo

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.

APR 28 1932

W. T. E. A. L. Y. WITH UNFADING INK—THIS IS A PERMANENT RECORD

