

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.

AUG 29 1932

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

Do not use this space.

23936

1. PLACE OF DEATH
County St. Louis Registration District No. 785
Township Baronne Primary Registration District No. 605
City Manchester Nursing Home, (No. 129) St. Ward

2. FULL NAME M. Lou Richard Gaw,
(a) Residence, No. 2115 Oak Ave., 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harrison Gaw				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1849				
7. AGE	YEARS 83	MONTHS 4	DAYS 8	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) Lawrence Co., MO.				
FATHER	13. NAME Wm. Wormington,			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Minerva Boyd,			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Mrs. Nellie Germinak (ADDRESS) 2115 Oak Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Cem. DATE July 4, 1932				
19. UNDERTAKER Geo. L. Deitsch Inc (ADDRESS) 5906 Easton				
20. FILED 7/3 19.32 E. C. Bannett Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1932	
22. I HEREBY CERTIFY, That I attended deceased from 6-26-1932 , to 7-1-1932	
I last saw her alive on 7-1-1932 Death is said to have occurred on the date stated above, at 10 A. M. The principal cause of death and related causes of importance were as follows: Yoster's Goutitis 1928 / 20 107	
Other contributory causes of importance: Senility (1)	
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? If so, specify..... (Signed) L. C. Crank M. D. (Address) Easton Mo.	

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