

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.

SEP 21 1932

Luter.

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

Do not use this space.
25350
~~25550~~

1. PLACE OF DEATH

7 County Bates
Township Pine Oak
City _____ (No. _____)

Registration District No. 53
Primary Registration District No. 5083

File No. _____
Registered No. 216 Ward _____

2. FULL NAME William Gorham

(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 male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 5, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 22

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

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) Indianian

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs Myrtle Lane
Bates, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview DATE Aug 29, 1932

19. UNDERTAKER (ADDRESS) Bates, Mo.

20. FILED Aug 24, 1932 Dorothy Allen Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1932

22. I HEREBY CERTIFY That I attended deceased from July 10 to Aug 28, 1932

I last saw him alive on Aug 27, 1932 Death is said

to have occurred on the date stated above, at 10:37 a.m.

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

Carcinomatous Date of onset _____
General
Removal - throat

Other contributory causes of importance:

Epithelioma Ear
Basal
Scalp - 52

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) Carters H. Luter, M. D.

(Address) Bates, Mo.

