

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

Do not use this space.

27032

1. PLACE OF DEATH
 83 County Pfaff Registration District No. 692
 Township Green Primary Registration District No. 5919B
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Gilbert Fortune
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Elena Richey Fortune

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 05th 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>28</u>	<u>11</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming, 1

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

10. Date deceased last worked at this occupation (month and year) July 15 1932 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER FATHER

13. NAME Henry P. Fortune

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

15. MAIDEN NAME Mary Ragan

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

17. INFORMANT Henry P. Fortune
(ADDRESS) Deerborn, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Deerborn Mo. DATE Aug 4 - 1932

19. UNDERTAKER Deerborn Mo.
(ADDRESS) Deerborn Mo.

20. FILED Aug 10 1932 NOT MOVED
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2nd 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 1st 1932 to Aug 2 1932
 I last saw him alive on Aug 2 1932 Death is said to have occurred on the date stated above, at 8:30 a.m. (6:30)
 The principal cause of death and related causes of importance were as follows:
Septicemia from an abscessed tooth
36 1153
36 310
 Other contributory causes of importance: Toothache
And infection
 Name of operation Aug 1 tooth extracted Date of Aug 1932
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury none, 19X
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no injury
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Jos M. Hall, M. D.
 (Address) Deerborn Mo

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.

SEP 26 1932

