MAR 6 1933

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.

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

Do not use this space.

4241

File No. .....

Registered No. .....

1. PLACE OF DEATH

97 County Salina — Registration District No. 795

4 Township Grand Pass — Primary Registration District No. 4476

1 City Maltabend (No. ..... St. ..... Ward)

2. FULL NAME Caroline Gatewood

(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: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

5A. ~~IF MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ (OR) WIFE OF Allen Gatewood widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1856

7. AGE: YEARS ~~77~~ 76 | MONTHS ~~2~~ 9 | DAYS ~~20~~ 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Mo

FATHER

13. NAME Harry Reed

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

MOTHER

15. MAIDEN NAME Margret Smith

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

17. INFORMANT (ADDRESS) Charley Reed

18. BURIAL, CREMATION, OR REMOVAL PLACE Maltabend DATE Jan 15 1933

19. UNDERTAKER (ADDRESS) Ferguson Williams Marshall Mo

20. FILED 1-16- 1933 Mrs. Mary Blackburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932, to Jan 13, 1933

I last saw her alive on Jan 13, 1933. Death is said to have occurred on the date stated above, at 11:00 A.m.

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

Acute Interstitial Nephritis — Date of onset 1932

130

130

Other contributory causes of importance: —

Name of operation — Date of .....

What test confirmed diagnosis? Physical findings 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? No

If so, specify —

(Signed) A. F. Brown, M. D.

(Address) Malta Bend. Mo