MAR 27 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.

4889

File No.

Registered No. 35

1. PLACE OF DEATH

County Butler

Township Poplar Bluff

City Poplar Bluff (No. , St. Ward)

Registration District No. 89

Primary Registration District No. 3007

2. FULL NAME Elzy Martin Gambill

(a) Residence, No. Williamsville, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Gambill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
39	11	1	

OCCUPATION

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

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

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) Indian Terr. Okla.

FATHER

13. NAME Tom Gambill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Honey Grove Texas

MOTHER

15. MAIDEN NAME Latinia McCrawl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Honey Grove Texas

17. INFORMANT (ADDRESS) Edna Gambill Williamsville, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Woodlawn DATE Feb. 18, 1933

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED Feb 18 1933 B. J. Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb-16, 1933 to Feb-16, 1933

I last saw h. alive on Feb-16, 1933 Death is said to have occurred on the date stated above, at 2:15 P.M.

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

	Date of onset
Endocarditis	2/2/33
91B	
93B	

Other contributory causes of importance:

Myocarditis

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? No

If so, specify

(Signed) [illegible], M. D.

(Address) Poplar Bluff, Mo