

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

Do not use this space.

6209

1. PLACE OF DEATH

County Jefferson
Township Wesley
City Wesley (No.)

Registration District No. 4250
Primary Registration District No. 30221

File No.
Registered No. 18 St. Ward)

2. FULL NAME

(a) Residence, No. 2209 3rd St. Ward.

Length of residence in city or town where death occurred yrs. 3 mos. 5 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kathleen Gafarth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5-1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Engineer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation <u>5 years</u>

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1933

22. I HEREBY CERTIFY That I attended deceased from 1st Sept 1932 to Feb 24, 1933.
I last saw him alive on Feb 24, 1933. Death is said to have occurred on the date stated above, at 8 P.M.

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

Mitral regurgitation Head Not Known
131
921 31
Other contributory causes of importance:
Chronic nephritis Not Known

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 Chronic Nephritis
(Signed) Walter C. Giffney, M. D.
(Address) 401-S-3rd St. W. Wesley, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brown County Indiana</u>
	13. NAME <u>David Gafarth</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington Kentucky</u>
	15. MAIDEN NAME <u>Mary Hamilton</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mankin Indiana</u>
	17. INFORMANT (ADDRESS) <u>Mrs. T. D. Kantell Wesley Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope Bellville</u> DATE 19.....	
19. UNDERTAKER (ADDRESS) <u>Wesley B. Dietrich Wesley Mo.</u>	
20. FILED <u>7/15</u> 19 <u>33</u> <u>B. J. Peegley</u> Registrar.	

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. 1933

WRITE LABELS WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 19 1961