

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

Do not use this space.

✓
File No. 2422027
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
94 County St. Francois Registration District No. 194
Township Five Mines Twp. Primary Registration District No. 60 180
City _____ St. _____ Ward _____

2. FULL NAME John Robert Gammon
(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 Mrs. Julia Gammon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 58 9 16

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

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) Rock Hill, Mo.

MOTHER FATHER 13. NAME Samuel G. Gammon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County, Iowa

MOTHER 15. MAIDEN NAME Susan A. Armstrong

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

17. INFORMANT Mrs. Julia Gammon
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE K. O. Cem. DATE 2/7/1933

19. UNDERTAKER Baldwell Bros.
(ADDRESS) Flat River, Mo.

20. FILED 2/8 1933 W. Morgan
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1933 to Feb 4 1933
I last saw h.l. live on Feb 5 1933 Death is said to have occurred on the date stated above, at 5:23 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Ch. Myo. Carditis
Hypostatic pneumonia
P30
527
Other contributory causes of importance:
1113
930
30

Date of onset Jan 9-33

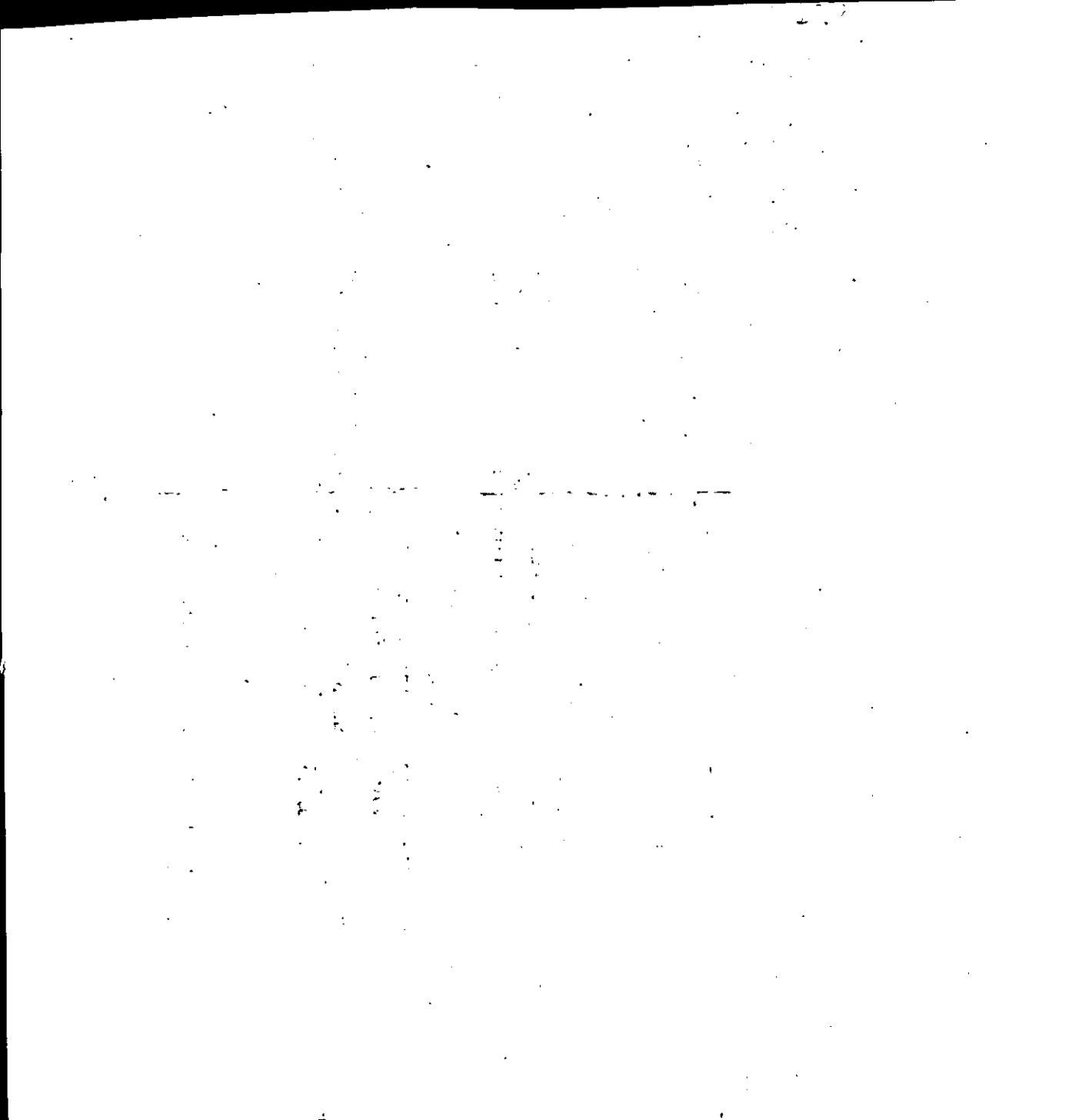
Name of operation _____ Date of _____
What test confirmed diagnosis? Exam Was there an autopsy? no

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) C. H. Appleberry, M. D.
(Address) Flat River, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township..... Primary Registration District No. 6018
City..... (No. St. Ward)

File No.....
Registered No.....

2. FULL NAME

John Robert Gammon
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 - 1933

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

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/20/1874

I last saw h..... alive on 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 9 16

to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

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.....

Date of onset

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

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 214 1933 W. G. Brown Registrar

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)....., M. D.
(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

42075