

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

Do not use this space.

8647

**1. PLACE OF DEATH**

County Butler  
Township Heely  
City Heelyville (No. \_\_\_\_\_)

Registration District No. 88  
Primary Registration District No. 5130

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Oscar Gayle

(a) Residence, No. Heelyville - 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Sarah Gayle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 1 7

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

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) 6-30-1928 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Posey Co. Indiana

13. NAME Wm Wallace Gayle

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

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Earl Gayle Heelyville - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem. DATE 3-27 1933

19. UNDERTAKER (ADDRESS) Gish Mndt Co. Naylor - Mo.

20. FILED 3-27-1933 R. L. Turner Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-14-1932 to 3-26-1933  
I last saw him alive on 3-26-1933 Death is said

to have occurred on the date stated above, at 6:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Cancer of Kidney.  
51A 51B

Date of onset 7-1932

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, 1933  
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) R. L. Turner, M. D.  
(Address) Heelyville - Mo.

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.

WHILE EXAMINING WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 27 1933

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