

MAY 22 1933

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

Do not use this space.

12570

1. PLACE OF DEATH

14

County *Callaway*
Township *Caldwell*
City *Cicero* (No. *109*)

Registration District No. *109*
Primary Registration District No. *5-154*

File No.
Registered No. *867*
St. Ward)

2. FULL NAME

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jessie Gatty</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 12-1844</i>		
7. AGE YEARS <i>83</i>	MONTHS <i>7</i>	DAYS <i>9</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Turner</i>		11. Total time (years) spent in this occupation <i>60</i>
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) <i>Mar 18-1933</i>

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Georgia</i>
13. NAME <i>Cable Gatty</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Georgia</i>
15. MAIDEN NAME <i>Martina Browning</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Georgia</i>
17. INFORMANT (ADDRESS) <i>Mrs. Brown Gatty</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Int. Chapel</i> DATE <i>4/22-1933</i>
19. UNDERTAKER (ADDRESS) <i>L. B. Wallace</i>
20. FILED <i>May 10, 1933</i> Registrar <i>E. McRush</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>April 21, 1933</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>Mar 14, 1933, to April 21, 1933</i> I last saw h. <i>in</i> alive on <i>April 21, 1933</i> Death is said to have occurred on the date stated above, at <i>64</i> m. The principal cause of death and related causes of importance were as follows: <i>Apoplexy</i> <i>S & R</i> <i>820</i> Other contributory causes of importance: <i>Mar 18 1933</i>
Name of operation <i>Almit</i> Date of <i>Mar 18 1933</i>
What test confirmed diagnosis? <i>Almit</i> 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 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) <i>E. McRush</i> M. D. (Address) <i>Newburg MO</i>

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

