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.

MAY 22 1933

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

Do not use this space.

13830

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 53
City Chillicothe (No. , St. Ward)

2. FULL NAME Ethel M. Gatson
(a) Residence, No. 115 — 10th St., 2 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 John L. Gatson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6-1889
7. AGE YEARS 43 MONTHS 11 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Birmingham Mo.

FATHER
13. NAME Bradley Capps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Mo.

MOTHER
15. MAIDEN NAME Ida Pruitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Mo.

17. INFORMANT (ADDRESS) John L. Gatson Chillicothe, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic DATE 4-20- 1933
19. UNDERTAKER (ADDRESS) James D. Gordon Chillicothe, Mo.
20. FILED 4/19 1933 R. Barney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18- 1933
22. I HEREBY CERTIFY, That I attended deceased from Apr. 12- 1933, to Apr. 18- 1933
I last saw her alive on Apr. 17- 1933. Death is said to have occurred on the date stated above, at 7:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6 wks. ago
94 B 94 B	

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Physical examination 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. at Hospital
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. M. Grall M. D.
(Address) Chillicothe - Mo.