

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

Do not use this space.

13860

**1. PLACE OF DEATH**

County McDonald Registration District No. 963 File No. 127  
 Township Elk River Primary Registration District No. 5699 Registered No. 4  
 City Wellborn (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jesse Williams Gamm

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</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>Maudie Gamm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9 1898</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
	DAYS <u>6</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>Carpenter</u>	
	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 <u>45</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercur Mo Missouri</u>		
FATHER	13. NAME <u>Samuel B. Gamm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary A. Newlin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Blake Longha</u> (ADDRESS) <u>19 Kansas City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Funeral Home</u> PLACE <u>Mercur Mo</u> DATE <u>April 9 1939</u>		
19. UNDERTAKER <u>Michals Bros.</u> (ADDRESS) <u>Southwest City Mo</u>		
20. FILED <u>4/8</u> 1939 <u>J. Y. Spinton</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6 1939 to April 6 1939  
 I last saw him alive on April 6 1939. Death is said to have occurred on the date stated above, at 2:55 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Stroke  
G. W.

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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 none  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. Y. Spinton, M. D.  
 (Address) Wellborn Mo

RECORD OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE EXACTLY.

