

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.

JUN 24 1933

Weyen

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

Do not use this space.

18724

1. PLACE OF DEATH
 108 County *Turner* Registration District No. *875*
 Township *Washington* Primary Registration District No. *6162*
 City *Nevada* (No. St. Ward

2. FULL NAME *Clay Gullett*
 (a) Residence, No. *State Hospital # 5* St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred *2 yrs. 4 mos. 14 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) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 3 1894*

7. AGE	YEARS	MONTHS	DAYS	-if LESS than 1 day, hrs. or min.
	<i>39</i>	<i>10</i>	<i>11</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farming (invalid)*

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) *Orcutt, Mo.*

13. NAME *Wm Gullett*

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

15. MAIDEN NAME *Almira ?*

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

17. INFORMANT (ADDRESS) *Wm Gullett, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chapel Hill, Mo.* DATE *5/16-33*

19. UNDERTAKER (ADDRESS) *John E. Myers Nevada, Mo.*

20. FILED *5717-19-33* *E. P. King* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14 1933*

I HEREBY CERTIFY, That I attended deceased from *Dec 29 1930*, to *May 14 1933*

I last saw him alive on 1933. Death is said to have occurred on the date stated above, at *10:35 a.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset *3d.*

Influenza *4d.*

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis: *Smear* 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) *Laurence F. Cooper* M. D.
 (Address) *Nevada Mo*

