

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

Do not use this space.

32865

1. PLACE OF DEATH

County Hickory Co. Registration District No. 1052
Township Elkton Primary Registration District No. 5510
City Elkton (No. _____) St. _____ Ward _____

File No. _____
Registered _____
St. _____ Ward _____

2. FULL NAME Wm Gullett

(a) Residence No. Elkton St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosey May Gullett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1894

7. AGE YEARS 59 MONTHS 4 DAYS 3 If LESS than 1 day, 1/4 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co Mo

13. NAME Augustine Gullett

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

15. MAIDEN NAME unknown

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

17. INFORMANT Rosey May Gullett
(ADDRESS) Elkton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermitage DATE 11-20-1933

19. UNDERTAKER J. P. Presley
(ADDRESS) Hermitage Mo

20. FILED 11 22 1933 H. P. Marshall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Oct 18 1933
I last saw him alive on Oct 11 1933 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Metastasis to liver
Date of onset _____

Other contributory causes of importance: _____

Name of operation no Date of _____
What test confirmed diagnosis? exam 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? _____
If so, specify _____
(Signed) J. L. Johnston M. D.
(Address) Wheatland Mo

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.

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