

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

Do not use this space.

38841

1. PLACE OF DEATH
 County Stoddard Registration District No. 839 ✓
 Township Richland Primary Registration District No. 6101
 City Richland (No.) St. Ward (No.)
 2. FULL NAME Joseph H. Gaines
 (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 Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 63 MONTHS 5 DAYS 4 If LESS than 1 day ✓ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Ark.?

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Carmin Lewis Dept. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballantyne Chapel DATE 11-28-33

19. UNDERTAKER (ADDRESS) Morgan Co. Dept. No.

20. FILED 11-28-33 J.P. Crawford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1933 to Nov. 28 1933

I last saw him alive on Nov. 25 1933 Death is said to have occurred on the date stated above, at 5.35 P.M.

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

Causes of Bladder
510

Other contributory causes of importance: ✓

Name of operation None Date of no

What test confirmed diagnosis renal 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 no 19no

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

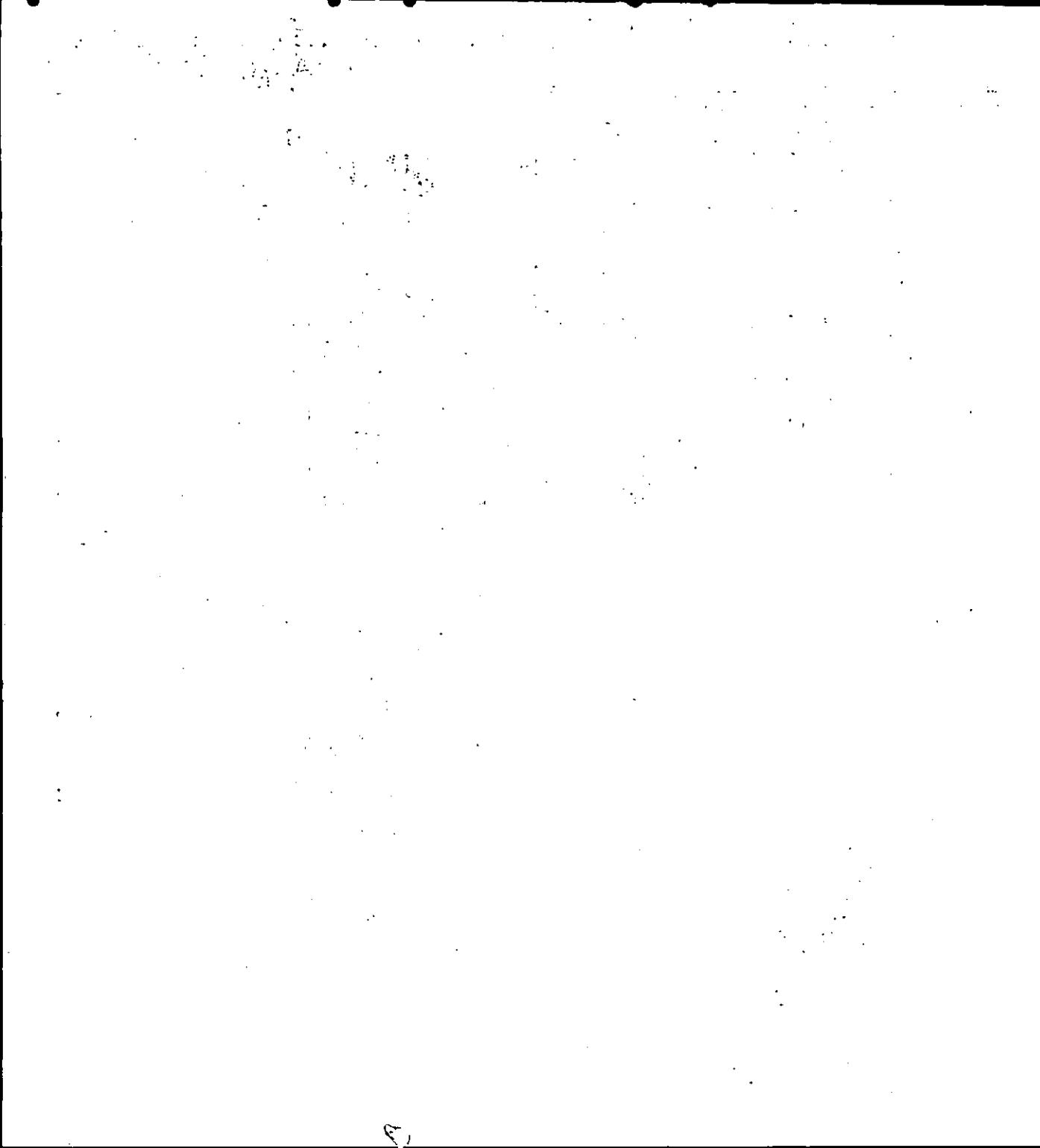
If so, specify J.P. Crawford

(Signed) J.P. Crawford, M. D.

(Address) Dept. No.

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.

JAN 4 1934



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