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

Do not use this space.

40669

File No. .....
Registered No. 143

1. PLACE OF DEATH
County Livingston
Township Jackson
City ..... (No. ..... St. ..... Ward)

Registration District No. 508
Primary Registration District No. 5675

2. FULL NAME Margarett H Gay

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

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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-6-1860

7. AGE: Years 72 | Months 9 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Bradford Ver Germ

FATHER
13. NAME Simon Krouse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Wolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edward Gay
(ADDRESS) Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewis Lem DATE Dec-3-1933

19. UNDERTAKER Jas D Gordon
(ADDRESS) Chillicothe Mo

20. FILED Dec 2 1933 Donald M Donnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-1-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec-1-, 1933, to Dec-1-, 1933
I last saw h. alive on Dec-1-, 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:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Dr W F White, M. D.
(Address) Chillicothe Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.