

WRITING 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.

This is a sub. for Bur. (Per.)

MAR 24 1934

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

Do not use this space.

320-A

1. PLACE OF DEATH

County Buller Registration District No. 88 File No. _____
Township Neely Primary Registration District No. 5130 Registered No. 4
City _____ (No. _____) St. _____ Ward _____2. FULL NAME Veda Lois Gayman(a) Residence, No. Neelyville, Mo. St. _____ Ward _____ (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6, 19287. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5 23 25 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Harwell (STATE OR COUNTRY) Mo13. NAME Robert Gayman14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)15. MAIDEN NAME Beatrice Adams16. BIRTHPLACE (CITY OR TOWN) Fayette (STATE OR COUNTRY) Mo17. INFORMANT Ausburn Adams (ADDRESS) Neelyville, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Kinsley Cemetery DATE Jan 23, 193419. UNDERTAKER Friends & neighbors (ADDRESS) _____20. FILED Jan, 23 - 1934 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1934, to Jan 22nd, 1934. I last saw her alive on Jan 21, 1934, 1934. Death is said to have occurred on the date stated above, at 4:45 m. AM.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 _____, 1934

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) R. L. Turner, M. D.
(Address) Neelyville Mo.

