

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.

AUG 16 1934

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

Do not use this space.

16214 a

1. PLACE OF DEATH

County Dade Registration District No. 257
Township Washington Primary Registration District No. 5325
City So. Greerfield, Mo. St. _____ Ward _____

File No. 25
Registered No. 25

2. FULL NAME

General Jackson Gamble
(a) Residence, No. So. Greerfield, Mo. 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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Gamble
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1859
7. AGE YEARS 75 MONTHS 2 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
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) Dade County

MOTHER FATHER
13. NAME John Gamble

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

15. MAIDEN NAME Vanize Paulden

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

17. INFORMANT (ADDRESS) Mr Lizzie Gamble

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pennsboro DATE 5-23-1934

19. UNDERTAKER (ADDRESS) Fugate Cox South Greerfield, Mo.

20. FILED 5-23 1934 Geo. L. Wain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 22, 1934
I last saw him alive on May 20, 1934 Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Nephritis Chronic
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Other contributory causes of importance:
Date of onset

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) J. J. Driscoll, M. D.
(Address) Greerfield, Mo.

