

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.

JUN 25 1934

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

Do not use this space.

1. PLACE OF DEATH
81 County Shelby Registration District No. 678
Township Bellevue Primary Registration District No. 5902
City..... No. St. Ward)

2. FULL NAME Eugene L 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 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 21475
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 — 24

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) 7-30 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) Charret (STATE OR COUNTRY) Switzerland

MOTHER / FATHER
13. NAME Louis Gay

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

15. MAIDEN NAME Marie L Darbelay

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

17. INFORMANT Mary Polle (ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE 6-4 1934

19. UNDERTAKER W. E. Lightler (ADDRESS) St James Mo

20. FILED 6-4 1934 Henry J. Walters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2 1934
22. I HEREBY CERTIFY, That I attended deceased from May 28 1934 to June 2 1934
I last saw him alive on June 1 1934 Death is said to have occurred on the date stated above, at 6:20 p. m.

The principal cause of death and related causes of importance were as follows:
Chronic indurated hepatitis Date of onset Jan-34
131
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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? no
If so, specify William K. Brewer, M. D.
(Signed) St James, Mo
(Address)

