

OCT 1 2 1934

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

Do not use this space.

1. PLACE OF DEATH

County Putnam  
Township Liberty  
City (No. St. Ward)

Registration District No. 720  
Primary Registration District No. 5951

File No. 33791  
Registered No. 10

2. FULL NAME Gachariah Taylor Dover

(a) Residence No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 11 29

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) Iowa

13. NAME Salvina Dover

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mildred Abbott (ADDRESS) Menard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shupley DATE Sept. 17, 1934

19. UNDERTAKER W. Husted & Son (ADDRESS) Unionville Mo.

20. FILE Oct 4 1934 C. E. McCallan Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) sept-16, 1934

22. I HEREBY CERTIFY, that I attended deceased from sept-10, 1934, to sept-16, 1934. I last saw him alive on sept-15, 1934. Death is said to have occurred on the date stated above, at 1:25 p.m.

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

Macular degeneration of the retina  
13  
93D

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? ohu Was there an autopsy? no

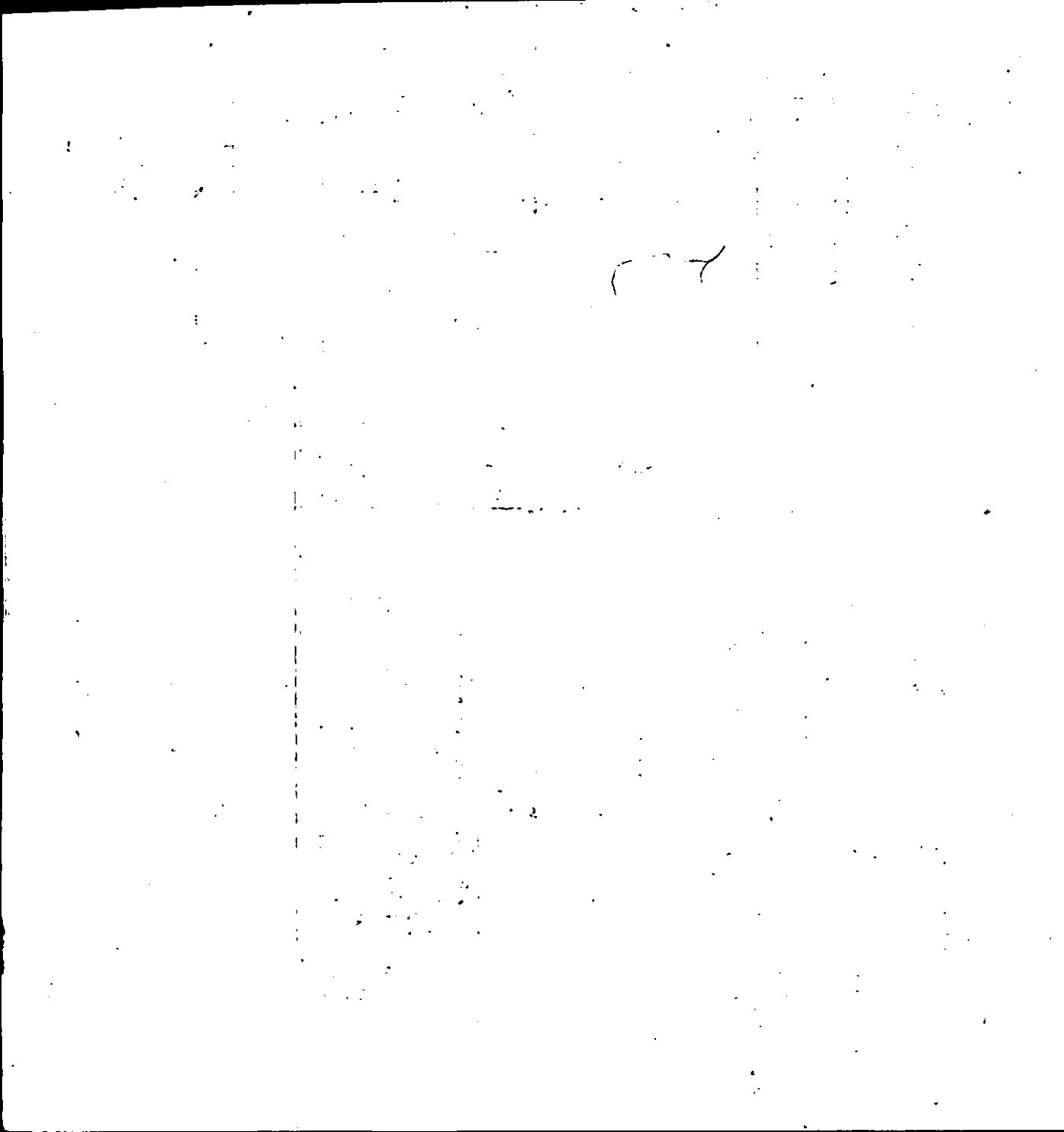
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) P. Hart, M. D. (Address) Coutsville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death.

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