NOV 14 1934

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

Do not use this space.

File No. 35685

Registered No.

1. PLACE OF DEATH
County: Franklin
Township: Meramec
City: Sullivan (No. , St. Ward)

Registration District No. 295
Primary Registration District No. 4179

2. FULL NAME: Unnamed Gann

(a) Residence, No. Sullivan 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. 15 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 14-1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or 12 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Sullivan. Mo

FATHER
13. NAME: Vincent Gann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Alice Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Vincent Gann
(ADDRESS): Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dodd Cem DATE: 10-15 1934

19. UNDERTAKER: Thos C Shafer
(ADDRESS): Sullivan Mo

20. FILED: Oct 15 1934 C A Proctor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1934 to Oct 14 1934
I last saw him alive on Oct 14 30 1934. Death is said to have occurred on the date stated above, at 5 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Premature birth	
b Exo-Gastrosis	

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

(Signed) C A Proctor, M. D.
(Address) Sullivan Mo

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.