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.

85

NOV 15 1934

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

Do not use this space.

37044

1. PLACE OF DEATH
County Pulaski
Township Range 34 all surv.
City ..... (No. ..... St. ..... Ward)

Registration District No. 714
Primary Registration District No. 5944

File No. ..... Registered No. 17

2. FULL NAME John Henry Gam

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1859

7. AGE: Years 74 | Months 10 | Days 23 | 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. Farm
10. Date deceased last worked at this occupation (month and year) 10-10-34
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Missouri

FATHER
13. NAME George Gam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Susanna Mark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Albert Gam
(ADDRESS) Bloodland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship DATE 10-11-1934

19. UNDERTAKER Atterberry & Kimes
(ADDRESS) Bloodland, Mo.

20. FILED 10-25-1934 J. G. Koonce
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to Oct-10 1934
Last saw h. alive on Oct. 1934 Death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Lesion
Senile

Date of onset
Mar
Yr
Gam

Other contributory causes of importance: None

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 No injury
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. G. Tidbot, M. D.
(Address) Waynesville