DEC 12 1934

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

Do not use this space.

File No. 38571
Registered No. 1246

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph (No. 308 E. Kansas Ave. St. Ward)

2. FULL NAME James B. Gautt
(a) Residence, No. 308 E. Kansas Ave. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	82	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Waterworks Const.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington R. R.
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn.

FATHER
13. NAME George Gautt
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Nancy A. Dorsey
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Manta Gautt
(ADDRESS) 308 E. Kansas Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE King Hill Cem. DATE Nov. 15, 1934

19. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED 11-15 1934 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1934 to Nov. 13, 1934
I last saw him alive on Nov. 13, 1934 Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	11-10-34
Chronic Endocarditis	

Other contributory causes of importance:
Weakened resistance from accidental injury.
Cardiac failure
Lingering

Name of operation ..... Date of Oct. 27-34
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~~? accident Date of injury Oct 27, 1934
Where did injury occur? home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell from porch (dizzy)
Nature of injury Injury to head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) George Thomson, M. D.
(Address) 101 S. Edmond St. St. Joseph, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33