

Dr. Claypool

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

Do not use this space.

18938

1. PLACE OF DEATH

County BatesTownship Walnut

City

(No.)

Registration District No. 56Primary Registration District No. 5087

File No.

Registered No.

St.

Ward)

2. FULL NAME Elmer Francis Gamble(a) Residence. No. RD # 2 Hume 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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5 1896

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38729

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bates Co.(STATE OR COUNTRY) Missouri10. NAME OF FATHER Stephen H. Gamble

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio12. MAIDEN NAME OF MOTHER Etta Bishop13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois

(STATE OR COUNTRY)

14. INFORMANT Lyrle L. Holland(Address) 2327 Lawn Kansas City Missouri15. FILED 9/4 1935 Mr. Wickens

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4th/35 19

17.

I HEREBY CERTIFY, That I attended deceased from May 25, 1935 19... to June 4, 1935 19...
that I last saw him alive on June 3, 1935 at 2:10 A.M. and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

InfluenzaBroncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. S. Claypool M.D.

, 19

(Address) Hume, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Fairmount

DATE OF BURIAL

June 5t/35

20. UNDERTAKER

Booth Funeral Service

ADDRESS

Rich Hill 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.

