

17 1935

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

Do not use this space.

23633

1. PLACE OF DEATH

58 County Missouri Registration District No. 502
Township _____ Primary Registration District No. 4305 File No. _____
City Marceline Memorial Hospital Registered No. 27 St. _____ Ward _____
2: FULL NAME Elliott Lee Gandy
4 (a) Residence, No. _____ 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 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) July 6 1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Marceline (STATE OR COUNTRY) Mo.

13. NAME Omer E Gandy

14. BIRTHPLACE (CITY OR TOWN) Charlton Co (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mildred M. Teeters

16. BIRTHPLACE (CITY OR TOWN) Marceline (STATE OR COUNTRY) Mo

17. INFORMANT Omer E Gandy (ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE July 9 1935

19. UNDERTAKER Jas M Laughlin (ADDRESS) Marceline Mo

20. FILED 7/9 1935 Olive Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1935
22. I HEREBY CERTIFY That I attended deceased from July 6, 1935 to July 8, 1935
I last saw him alive on July 8, 1935. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 7/8/35
Asphyxia neonatorum
Other contributory causes of importance: WIP

Name of operation _____ Date of _____
What test confirmed diagnosis? Plm 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) E. B. Putman, M. D.
(Address) Marceline 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.

