

OCT 2 2 1935

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

Do not use this space.

29135

1. PLACE OF DEATH
County De Witt Registration District No. 1035
Township Paris Primary Registration District No. 5372
City (No.) St. Ward (No.) (If nonresident, give city or town and State)

2. FULL NAME Joseph Gainer
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 27

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.
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) Tennessee

MOTHER FATHER
13. NAME William Kinrod Gainer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
15. MAIDEN NAME Bert Knott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Frank Gainer
(ADDRESS) Back Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove DATE 9/7 1935

19. UNDERTAKER N. W. Holbrook
(ADDRESS) Salem Mo.

20. FILED 910 1935 J. A. Kusovek
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1935

22. I HEREBY CERTIFY That I attended deceased from Sept - 2 - 1935 to Sept - 6 - 1935
I last saw him alive on Sept 2, 1935 Death is said to have occurred on the date stated above, at Paris Mo.
The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset Sept - 2 - 35
Other contributory causes of importance Arterio Sclerosis of 1935

Name of operation None Date of
What test confirmed diagnosis? neuralgic Is an autopsy? r

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 r
Nature of injury r

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. P. Dixon M. D.
(Address) Salem 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.

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