

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

Do not use this space.

JAN 17 1936

40475

1. PLACE OF DEATH

County Nodaway
 Township Hughes
 City _____ (No. _____, _____ St. _____ Ward)

Registration District No. 622 R4
 Primary Registration District No. 43-73

File No. _____
 Registered No. 23

2. FULL NAME Robert B Gex

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>I</u>	<u>25</u>	

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) Ghent,
 (STATE OR COUNTRY) Kentucky

13. NAME John A. Gex

14. BIRTHPLACE (CITY OR TOWN) Ghent
 (STATE OR COUNTRY) Kent.

15. MAIDEN NAME Princy Brooking

16. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

17. INFORMANT Robt. Gex Jr.
 (ADDRESS) Graham Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Graham Mo. DATE Dec. 23, 1935

19. UNDERTAKER Price Funeral Home
 (ADDRESS) _____

20. FILED Jan 14 1936 Maryville Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____

Dec - 1934, 19____, to date of death: _____

I last saw him alive on Dec 15, 1935 Death is said

to have occurred on the date stated above, at 12:10 m.

The principal cause of death and related causes of importance were as follows:

Cerebrovascular disease

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? Yes

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? No

If so, specify _____

(Signed) R. M. Lally, D.O.

(Address) Maubaud, Mo

WRITE CAREFULLY WITH COPYING INK--THIS IS A PERMANENT RECORD

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.

2222

Jan 14 1936 Maryville Mo.
Mrs. E. D. Price Registrar.

