

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

Do not use this space.

JAN 20 1935

40676

1. PLACE OF DEATH

County Wagoner Registration District No. 120
Township Wagoner Primary Registration District No. 6234
City Lawton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 18

2. FULL NAME

Oscar Newton Gattlin

(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>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy E Gattlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16 - 1873</u>		
7. AGE YEARS <u>62</u>	MONTHS	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer rail way work</u>		
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 <u>25 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>John Lewis Gattlin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Mary Sparks</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Mr. Chester M. Cullen</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns Cem. Dec 22 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Wagoner, Mo.</u>		
20. FILED <u>Jan 4 1935 E. E. McCallan Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - 20 1935, to Dec - 20 1935.
I last saw him alive on Dec - 20 1935. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:
Acute Angina Pectoris
Date of onset _____

Other contributory causes of importance:
AMI

Name of operation _____ Date of _____
What test confirmed diagnosis? W. S. to 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) P. Hart M. D.
(Address) Coateville Mo

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.

