JAN 13 1936

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

Do not use this space.

41393

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10615

City St Louis MO (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Gary Dale Madgip

(a) Residence, No. 1708 N. 9th St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 4 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): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 10th 1935
7. AGE: YEARS 0 MONTHS 11 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): MO

FATHER
13. NAME: Harry Madgip
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Constantinople Turkey

MOTHER
15. MAIDEN NAME: Kathleen Clifton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gasconade MO

17. INFORMANT (ADDRESS): Stella Grady 5600 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Gasconade MO DATE: 12-17 1935
19. UNDERTAKER (ADDRESS): Albert H. Hoff Inc. 629 N. Euclid Ave.
20. FILED DEC 16 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1935, to Dec 15, 1935
I last saw him alive on Dec 15, 1935. Death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 4 1935
Other contributory causes of importance:	
Varicella	12-9-35

44a

Name of operation: none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Henry F. Ulrich, M. D.
(Address) 5600 Arsenal

WRITE PLAINLY, WITH UNFADING 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.

100M-11-24-33