

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

Do not use this space.

APR 16 1936

9561

1. PLACE OF DEATH

County Callaway

Registration District No. 104

File No. _____

Township _____

Primary Registration District No. 3008

Registered No. 103

City Fulton (No. _____)

St. _____ Ward _____

2. FULL NAME William Benjamin Gathright

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Gathright

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1936, to 3/27, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1871

I last saw him alive on 3/27, 1936. Death is said to have occurred on the date stated above, at 5:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 65 | 1 | 4

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

Chronic myocarditis

Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant - State Hospital #1
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) OK 11. Total time (years) spent in this occupation OK

Other contributory causes of importance: Influenza

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME John J. Gathright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eloise Davis

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

17. INFORMANT Grace Williams (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wallerst Cem. DATE Mar 30 36

19. UNDERTAKER Geo. Wallace (ADDRESS) Fulton, Mo.

20. FILED Mar 27 1936 R. N. Crews Registrar.

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 D. ..., M. D.
(Address) 610 Cent. Fulton, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly construed. Enter name of physician, if any.

