

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

Do not use this space.

14092

**JUN 17 1936**

**1. PLACE OF DEATH**

County Bates Registration District No. 49  
Township Grand River Primary Registration District No. 5  
City                      (No.                     ) St.                      Ward                     

File No.                       
Registered No.                     

**2. FULL NAME**

Naomi Gann

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Nathan Gann  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug-10-1875  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
60 8 4  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Jackson Co. Mo.

13. NAME Marion Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Sallie Nelson

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

17. INFORMANT x H N Gann  
(ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hill DATE 4/16 1936

19. UNDERTAKER Leath & Son  
(ADDRESS) Adrian

20. FILED June 10, 19 Messie B Smith  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1936  
22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936, to Apr 6, 1936  
I last saw h. ex. alive on April 6, 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Rheumatism  
Cor diac Insufficiency  
Other contributory causes of importance:                     

Name of operation                      Date of                       
What test confirmed diagnosis?                      Was there an autopsy?                     

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?                       
If so, specify                       
(Signed) C. T. McComell, M. D.  
(Address) Adrian Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BUILDING

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.

