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.

MAY 21 1936

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

Do not use this space.

14985

1. PLACE OF DEATH

County Howard. Registration District No. 378

Township Fayette, Primary Registration District No. 4222

City (No. , St. Ward)

File No.

Registered No. 29

2. FULL NAME Birney Lyon Gaddis.

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): #

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/1st 1933

7. AGE: Years 2 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min. #

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Fayette, Mo.

FATHER

13. NAME Merrill Elmer Gaddis.

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

MOTHER

15. MAIDEN NAME Florence Georgia Lyon.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas,

17. INFORMANT (ADDRESS) Merrill E. Gaddis. Fayette. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge. DATE 4/7th 1936, 19

19. UNDERTAKER (ADDRESS) Guy T. Bailey. Fayette, Mo.

20. FILED May 8 1936 V. Q. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6th 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936 to April 6, 1936

I last saw him alive on April 6, 1936. Death is said to have occurred on the date stated above, at 4:A m.

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

	Date of onset
Scarlet fever - Malignant	3-30-36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? None 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) M. T. Shaw, M. D.

(Address) Fayette, Mo.