

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.

JUL 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Daviess
Township Harrison
City (No. _____) _____

Registration District No. 3-28
Primary Registration District No. 5463

File No. 22448

Registered No. _____
St. _____ Ward _____

2. FULL NAME Lena N 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Purney Otis Gann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
38 8 9

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

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

MOTHER 13. NAME William E Stark

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

15. MAIDEN NAME Emma Bookout

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

17. INFORMANT Purney Gann
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE 6-29 36

19. UNDERTAKER General Funeral Service
(ADDRESS) 1015 1/2 N. 1st

20. FILED June 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 19, 1936, to June 19, 1936

I last saw her alive on June 19, 1936. Death is said to have occurred on the date stated above, at 2 a. m. June 20

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

Cerebral Hemorrhage Date of onset June 19, 1936 at 7 a.m.
Died June 20 - 2 a. m.

Other contributory causes of importance: Hypertension

Name of operation None Date of _____
What test confirmed diagnosis? Microsc. Was there an autopsy? No

23. If death was due to natural 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) E. A. Thomason, M. D.
(Address) Breckenridge Mo

