JUL 29 1936

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

Do not use this space.

25257

File No.
Registered No.

1. PLACE OF DEATH
County: Sullivan
Township: Polk
Registration District No. 852
Primary Registration District No. 6120
City (No. , St. Ward)

2. FULL NAME Jackie Dale Gramling

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	3	

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) Milan, Mo

FATHER
13. NAME Wilburn Oral Gramling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Missouri

MOTHER
15. MAIDEN NAME Hortense M. Clem
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co., Missouri

17. INFORMANT (ADDRESS) W. Oral Gramling Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Hanory Cemetery DATE June 26, 1936

19. UNDERTAKER (ADDRESS) C. A. Schoene Milan Mo

20. FILED July 1, 1936 Cleo Edgar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 26, 1936
I last saw alive on June 25, 1936. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus neonatorum, Exact classification not made. Probably congenital biliary atresia.	June 25

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) J. S. Montgomery, M. D.
(Address) Milan Mo

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.

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