

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

Do not use this space.

SEP 16 1936

29765

**1. PLACE OF DEATH**

County ANDREW  
Township Jederson  
City Jederson

Registration District No. 13  
Primary Registration District No. 5017  
(No. STOP 9 SAVANNAH ROAD.)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME. GEORGE GIFFORD**

(a) Residence, No. R.R. # 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 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 LORA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 17TH, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 7 21

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

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) ROCK ISLAND ILL.

13. NAME BENARD PA UL GIFFORD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, GERMANY

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT B. P. GIFFORD  
(ADDRESS) RFD. 6, HUNTOON RD.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND DATE AUG. 11 TH, 1936

19. UNDERTAKER, (ADDRESS) FLEEMAN & SON, INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED Aug 10 1936 Wm A R King Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Being Struck By Introlan Car Date of onset \_\_\_\_\_

Other contributory causes of importance: Steel Truck  
Fracture of vertebral  
Fracture Rib

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? E. X. R. 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 8-8, 1936

Where did injury occur? Stop 9 Savannah  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Wm A R King, M. D.

(Address) Fleemore Mo

Corner of Andrew St  
MO

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.

