AUG 25 1936

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

Do not use this space.

30432

1. PLACE OF DEATH
County: Douglas
Township: Benton
City: Ava (No. ..... St. ..... Ward)

Registration District No. 272
Primary Registration District No. 5379

File No. .....
Registered No. 98

2. FULL NAME: Ellison Cook Gaines

(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 1 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Norma Kanel Gaines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, 1901

7. AGE: Years 35 | Months 5 | Days 10 | 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): Arkansas

FATHER
13. NAME: E. P. Gaines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER
15. MAIDEN NAME: Margaret Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Culloden Ga.

17. INFORMANT (ADDRESS): Norma Gaines, Ava Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ava DATE: Aug. 14, 1936

19. UNDERTAKER (ADDRESS): C. V. Linkinghead, Ava Mo

20. FILED: 8-19, 1936 Henry Burke, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-13-, 1936, to 8-13-, 1936
I last saw him alive on 8-12-, 1936. Death is said to have occurred on the date stated above, at 7½ p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
96 hrs	

Other contributory causes of importance:
Hypertension of unknown origin

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? No
If so, specify .....
(Signed) M. C. Henry, M. D.
(Address) Ava 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.