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.

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

Do not use this space.

30590

SEP 21 1936

1. PLACE OF DEATH

County: Greene — Registration District No.: 314

Township: — Primary Registration District No.: 2001

City: Springfield, Mo. (No. Springfield Baptist Hosp St. Ward)

File No.:

Registered No.: 708

2. FULL NAME Mr. Oscar Gann

(a) Residence, No. (Usual place of abode) Sparta, Mo., Ward. (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: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-5-1897

7. AGE: Years 39 — Months 4 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Christian Co., Mo.

FATHER

13. NAME: Thomas A. L. Gann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian Co, Mo.

MOTHER

15. MAIDEN NAME: Mary Hood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mallmon Gann, Sparta Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Sparta Mo — DATE: 8-18-1936

19. UNDERTAKER (ADDRESS): H. B. Claffin, Ozark Mo

20. FILED: 8-16-1936 — Chas A George, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936 to Aug 16, 1936

I last saw him alive on Aug 16, 1936. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

	Date of onset
Perforated gangrenous appendicitis	8/10/36

Other contributory causes of importance:

Peritonitis

Name of operation: appendectomy — Date of: 8/14/36

What test confirmed diagnosis? Clinical — 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) Fred R. Farthing, M. D.

(Address) Medical Arts Bldg Springfield, Mo.

JUL 21 1954