

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.

OCT 22 1936

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

Do not use this space.

34854

1. PLACE OF DEATH

County Lafayette Registration District No. 464
Township Smiths Cove Primary Registration District No. 4277
City Odessa Mo. (No. _____) St. _____ Ward _____

File No. 18
Registered No. 57

2. FULL NAME

Thomas Lee 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 75 yrs. 0 mos. 0 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 Mary Gann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 10 28

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

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) Sept 5, 1936 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo. Lafayette

13. NAME Ben Gann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo. Lafayette

15. MAIDEN NAME Amanda Gann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo. Lafayette

17. INFORMANT Dr. Nelson (ADDRESS) Smiths Cove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa Mo DATE 9-6 1936

19. UNDERTAKER Shiner & Son (ADDRESS) Odessa Mo

20. FILED 9-6- 1936 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5 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:

Gun shot wound thru chest entering from back, (20 gauge shot gun) Date of onset

Other contributory causes of importance:

173

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? Homicide Date of injury 9-5 1936

Where did injury occur? Lafayette County (Specify city or town, county, and State)

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

His daughters home

Manner of injury shot thru back into chest

Nature of injury shot thru back

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. J. Whiston Coroner, M. D.

(Address) Concordia

