

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

Do not use this space.

40520

1. PLACE OF DEATH <sup>DEC 18 1936</sup>  
 County Butler Registration District No. 89  
 Township \_\_\_\_\_ Primary Registration District No. 3007  
 City Poplar Bluff (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Paul Kenneth Gatewood  
 (a) Residence, No. 1008 Garfield St. Poplar Bluff Mo (If nonresident, give city or town and State)  
 (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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 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) Oct 12 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>—</u>	<u>1</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as splainer, 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) Poplar Bluff Mo

FATHER

13. NAME Edward Gatewood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Mo

MOTHER

15. MAIDEN NAME Lillian Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelleyville Mo

17. INFORMANT Edward Gatewood  
 (ADDRESS) 1008 Garfield St. Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE city cem DATE Nov 23 1936

19. UNDERTAKER M. J. Phelps  
 (ADDRESS) Poplar Bluff Mo

20. FILED 11/23 1936 Blutsinger Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1936, to 11-22, 1936  
 I last saw him alive on 11-19, 1936. Death is said to have occurred on the date stated above, at 10 45 am.  
 The principal cause of death and related causes of importance were as follows:  
Marasmus  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
158

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) M. J. Phelps M. D.  
 (Address) Poplar Bluff Mo.

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

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.

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