

NOV 9 1936

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

Do not use this space.

43384

1. PLACE OF DEATH St. Louis
County.....
Township Jefferson
City Richmond Heights (No. St. Marys Hospital)
Registration District No. 1170
Primary Registration District No. 6248-4
File No.
Registered No. 266
St. Ward

2. FULL NAME Harriett Isabelle Gamage
(n) Residence, No. 6829 Mitchell Ave. St. Ward.
(Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Gamage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13th, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
91 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) St. Charles, Mo.

13. NAME Carter Moss

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

15. MAIDEN NAME Unknown Beveragaly

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

17. INFORMANT William E. Gamage
(ADDRESS) Los Angeles, Calif.

18. BURIAL, CREMATION, OR REMOVAL PLACE Weslyan Cemetery DATE Nov. 5th 1936

19. UNDERTAKER Drehmann Varal
(ADDRESS) 1905 Union Blyd.

20. FILED Nov. 4 1936 Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3rd, 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 3:37 AM.

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

Multiple abrasions and bruises, scattered over entire body, head, and extremities, multiple fractures of ribs rt. side of chest, hemothorax rt. side, cerebral hemorrhage
Date of onset

Other contributory causes of importance:

Automobile and pedestrian. Was immediately transferred to St. Mary's hospital and remained

Name of operation OVER Date of..... yes
What test confirmed diagnosis? autopsy 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?.....

If so, specify.....
(Signed) Sam A. Bassett M. D.

(Address) 378 Jimmy St
Nov 4 1936

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.

WRITE PLAINLY, WITH UNFADING INK

1 X704

there till she died .

Verdict of Jury; By being struck by
a motor car on Mc Causland Ave.
Accident being unavoidable.