

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.

DEC 18 1936

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

Do not use this space.

44488

1. PLACE OF DEATH

County Greene
Township Spickard
City Spickardville (No., St., Ward)

Registration District No. 326
Primary Registration District No. 4196

File No. 31
Registered No.

2. FULL NAME David Stanton Gay

(a) Residence, No., St., Ward.
(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. (If nonresident, give city or town and State)

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 Elizabeth Gay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 2 12

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

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) Merces County
(STATE OR COUNTRY) Missouri

13. NAME Henry Gay

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

15. MAIDEN NAME Nancy Adkins

16. BIRTHPLACE (CITY OR TOWN) Farmersville
(STATE OR COUNTRY) Missouri

17. INFORMANT Elizabeth Gay
(ADDRESS) Spickard, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo.asonic cemetery DATE Dec 5, 1936

19. UNDERTAKER Chas E. Schooker
(ADDRESS) Spickard, Missouri

20. FILED Dec 5, 1936 Miss Laura Janna
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1936, to Dec 2, 1936

I last saw him alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 2:15 A. m.

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

Leaonota Aloxia Date of onset

Other contributory causes of importance: Chronic Intestinal Nephrosis

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?
If so, specify.....
(Signed) E W Ewing, M. D.

(Address) Spickard, Mo

