MAR 17 1937

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

Do not use this space.

5440

1. PLACE OF DEATH
County: Cedar — Registration District No.: 165 — File No.: Feb 24-1937
Township: Jefferson — Primary Registration District No.: 5236 — Registered No.: 5
City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: James Henry Gannaway
(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 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Gannaway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 4-1875
7. AGE: Years 61 — Months 4 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Cedar Co. Mo.

FATHER
13. NAME: Sam Gannaway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Cloy Hubbard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Margaret Gannaway, Humansville, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Alder — DATE: Feb 15, 1937
19. UNDERTAKER (ADDRESS): W. E. Davis & Son, Stockton, Mo
20. FILED: Feb 24, 1937 Mrs R A Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 14, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to Feb 14, 1937
I last saw him alive on Feb 13, 1937. 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:

	Date of onset
Broncho Pneumonia	2-7-1937

1070

Other contributory causes of importance: #

Name of operation: # — Date of: #
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. No
Manner of injury: #
Nature of injury: .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: .....
(Signed) Chas H Brown, M. D.
(Address) Fair Play, 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.