

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Miller
Township Blaine
City Union (No. 1)

Registration District No. 565
Primary Registration District No. 5761c

File No. 24315
Registered No. 87
St. _____ Ward _____

2. FULL NAME

(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 (with the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Matie Coburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1860

7. AGE YEARS 76 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general

10. Date deceased last worked at this occupation (month and year) Sept 1936 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co.

13. NAME Jessie Gath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME Elizabeth Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Lynn Gath Union Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Cross DATE July 1, 1937

19. UNDERTAKER (ADDRESS) C. P. Hawkins Union Mo.

20. FILED 7/10 1937 C. P. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1937

22. I HEREBY CERTIFY That I attended deceased from June 8, 1937 to June 28, 1937
I last saw him alive on June 25, 1937. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Cardio-vascular renal disease Date of onset 8/1/1936

Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19____

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury _____

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

If so, specify _____

(Signed) C. Mallett, M. D.

(Address) Crocker, Mo.

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 PENCIL WITH UNFADING INK---THIS IS A PERMANENT RECORD

