

AUG 19 1937

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

Do not use this space.

26902

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Carrollton Primary Registration District No. 3618
City Carrollton (No. Scovern Hospital, Carrollton, Mo.) Registered No. 60 Ward

2. FULL NAME Charles E. Gorman

(a) Residence, No. Wakenda, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie R. Gorman

22. I HEREBY CERTIFY, that I attended deceased from Jan 12, 1935, to July 16, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1862

Last saw him alive on 7/16/37 at 4:45 P.M. Death is said to have occurred on the date stated above, at m.

7. AGE YEARS 74 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

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

Chc Cardiovascular Disease Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Merchant
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: A2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Indiana

13. NAME John M. Gorman

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

15. MAIDEN NAME Polly G. Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Indiana

17. INFORMANT Jennie R. Gorman (ADDRESS) Wakenda, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE July 18, 1937

19. UNDERTAKER Willie's Funeral Home (ADDRESS) Carrollton, Missouri

20. FILED 7-17-37 John Haskew Registrar

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) H. B. Drouen, M. D.

(Address) Carrollton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

