

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

Do not use this space.

71. SEP 25 1937

1. PLACE OF DEATH

County Saline
Township Blackburn
City Blackburn (No.)

Registration District No. 193
Primary Registration District No. 4474

File No. 31907
Registered No.
St. Ward)

2. FULL NAME

Mary Frances Gault

(a) Residence, No. St. Ward. Higinville, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benny Gault

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1937, to 8-19, 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1874

I last saw her alive on 8-19, 1937. Death is said to have occurred on the date stated above, at 2:50 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 22

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

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

Pulmonary tuberculosis Date of onset

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

Pulmonary tuberculosis
22

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Pleasant Grove, Mo. (STATE OR COUNTRY)

Pulmonary hemorrhage

13. NAME George Sanders

Name of operation. Date of

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

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

15. MAIDEN NAME Mary ?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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

Where did injury occur?

17. INFORMANT Rena Nelson (daughter) (ADDRESS) Blackburn, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Flora Cemetery DATE Aug. 20, 1937

Manner of injury

19. UNDERTAKER W. J. ... (ADDRESS) ...

Nature of injury

20. FILED Aug. 19, 1937 M. ... Registrar.

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

(Signed) Paul Lowell, M. D.
(Address) Blackburn, 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.

THE UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM

DATE: 1/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[The body of the memorandum contains several paragraphs of text that are extremely faint and largely illegible due to the quality of the scan. The text appears to be a standard report format, possibly detailing an investigation or administrative matter.]