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

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Registration District No. 85
Township
Primary Registration District No. 1000
City St. Joseph (No. Mo. Methodist Hospital St. Ward)

File No. 33736
Registered No. 1345

2. FULL NAME Gerald Frederick Close
(a) Residence, No. Farm Near Craig 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. 8½ hours ~~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~~ Mrs Lelah Close
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-8-1908
7. AGE YEARS 29 MONTHS 1 DAYS 16 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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.
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) Phillipsburg Kansas

FATHER
13. NAME Anthony Close
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER
15. MAIDEN NAME Rosedale Boone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kansas

17. INFORMANT (ADDRESS) Mrs. Lelah Close Craig Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope DATE 9-26 1937
19. UNDERTAKER (ADDRESS) J. Fred Terbune Savannah Mo
20. FILED 9/26 1937 H J Nettabush Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1937, to Sept. 24, 1937
I last saw him alive on Sept. 24, 1937 Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

Gasoline Burns of entire body.

Date of onset

Other contributory causes of importance:

NMO

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Name of operation Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept. 24 1937
Where did injury occur? Craig, Missouri. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Occurred in a field.
Manner of injury Burn
Nature of injury Burn of entire body
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) V. C. White D. O. ~~M. D.~~
(Address) Craig, Missouri.

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 PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD