

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

38941

NOV 24 1937

1. PLACE OF DEATH

County Scott
 Township Kelso
 City Illmo (No. _____ St. _____ Ward _____)

Registration District No. 1155
 Primary Registration District No. 6.D.45

File No. _____
 Registered No. _____

2. FULL NAMEdied unnamed

(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 w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26-37

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

OCCUPATION 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. ✓
 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) Illmo, Mo.

13. NAME Benjamin Clifford Gaulk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Ill.

15. MAIDEN NAME Laura Bernice Lipe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blossfield Mo.

17. INFORMANT (ADDRESS) Benjamin Clifford Gaulk Illmo

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE Lightner Cem. Illmo. Oct 27 1937

19. UNDERTAKER (ADDRESS) Bisplinghoff & Hubbard

20. FILED 11.27.37 1937 J. J. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/26/37, 1937, to 10/26/37, 1937

I last saw him alive on 10/26/37, 1937. Death is said to have occurred on the date stated above, at 8:30 m.

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

Premature birth

Other contributory causes of importance: 159

Name of operation none 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? ✓ Date of injury _____, 1937

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 none
 Nature of injury ✓

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

(Signed) G. S. Lee, M. D.
 (Address) Illmo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

