

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.

DEC 29 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County North
 Township Flathead
 City Grant City (No. St. Ward)

Registration District No. 903
 Primary Registration District No. 4545

File No. 42790

Registered No.

2. FULL NAME

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1865

7. AGE YEARS 72 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.

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

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) Aug 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Grant City (STATE OR COUNTRY) Mo.

13. NAME Charles E. Gaff

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

15. MAIDEN NAME Annie C. Merckling

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

17. INFORMANT Geo. Gaff (ADDRESS) Grant City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 12/5 1937

19. UNDERTAKER Rich C. Dingle (ADDRESS) Grant City, Mo.

20. FILED 12/9 1937 Orl Mullen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937, to Dec 4 1937

I last saw him alive on Dec 1st 1937 Death is said to have occurred on the date stated above, at 9 P. m.

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

Cerebral Hemorrhage Date of onset 2/1/37

Cerebral Hemorrhage 12/4/37

Other contributory causes of importance:

Arteriosclerosis

Name of operation 820 Date of

What test confirmed diagnosis? Was there an autopsy?

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

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) O. L. Fullerton M. D.(Address) Pedding House

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