

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County Atchison Registration District No. 17
Township Dale Primary Registration District No. 5022
City (No. _____) (If nonresident, give city or town and State)
City _____ (No. _____) (If nonresident, give city or town and State)

2. FULL NAME Betty Jane Gann
(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. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. 44517

Registered No. _____
City _____ (No. _____) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Dec. 22-1929

7. AGE YEARS 7 MONTHS 11 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wade School
10. Date deceased last worked at this occupation (month and year) 11/18/37 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Co. Mo.

MOTHER
13. NAME Claude Gann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Mo.
15. MAIDEN NAME Nora Harmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas, Tex.

FATHER
17. INFORMANT Claud Gann
(ADDRESS) Tarkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tonway, Mo. DATE 1/25 1937

19. UNDERTAKER H. N. Schooley
(ADDRESS) Tarkio, Mo.

20. FILED 12/2 1937 Hattie B. Black
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1937, to 12-1 1937
I last saw him alive on 12-1 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy 1934
Date of onset

Other contributory causes of importance:
131

Name of operation _____ Date of _____
What test confirmed diagnosis T.H. 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) Queen Hunter, M. D.
(Address) Hannay, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

