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.

JAN 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County DEMISCOTT — Registration District No. 11021 — File No. 46299

Township PASCOLA — Primary Registration District No. 75870 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME JOHN GATEWOOD

(a) Residence, No. Bragg City St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: WHITE
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-9-1870

7. AGE: YEARS 67 — MONTHS 9 — DAYS 21 — 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) DEC. 25, 1935
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LYON KENTUCKY

FATHER

13. NAME BUFORD GATEWOOD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LYON CO. KY

MOTHER

15. MAIDEN NAME MINERVA FUNCANNON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LYON CO. KY

17. INFORMANT (ADDRESS) FLORENCE GATEWOOD BRAGG CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE SANDY RIDGE ARK DATE DEC. 13 1937

19. UNDERTAKER (ADDRESS) J. C. FOX HOLCOMB MO.

20. FILED Jan 8, 1938 Mrs J. R. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936 to Dec 2nd, 1937

I last saw him alive on Dec 2, 1937. Death is said to have occurred on the date stated above, at 10:00 p.m.

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

	Date of onset
Bright's Disease	yrs 77

131

Other contributory causes of importance:

Secondary Anemia	yrs 77

Name of operation Elong Date of

What test confirmed diagnosis? Lab. Exam 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) William F. Pitt, M. D.

(Address) Hayti