

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

Do not use this space.

3089

1. PLACE OF DEATH

49 County Gasper Registration District No. 417 File No. 2002
Township 1 Primary Registration District No. 730 Registered by M. C. One
City Griffin (No. 534) Ward

2. FULL NAME

(a) Residence, No. 730 Kentucky Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 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) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gay Handley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1911

7. AGE YEARS 26 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wife
10. Date deceased last worked at this occupation (month and year) Jan 16 1938
11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dennis Kansas

13. NAME P. S. Mullins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

15. MAIDEN NAME Jay Howard

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

17. INFORMANT (ADDRESS) Family 730 Ky Ave

18. BURIAL, CREMATION, OR REMOVAL Forest Park DATE Jan 19 1938

19. UNDERTAKER (ADDRESS) Griffin Mo

20. FILED 1-18-38 Ex 25 Jan 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938 to Jan 16, 1938
I last saw him alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 530

The principal cause of death and related causes of importance were as follows:
Arteritis (Sues) with myocardial failure
Date of onset

Other contributory causes of importance: Sues - 34

Name of operation None Date of no

What test confirmed diagnosis? Phys + R Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no

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 no

(Signed) Ed. P. One M. D.

(Address) Gasper, Mo.

Registrar, 372

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH