

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

3341

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township _____ Primary Registration District No. 3026 Registered No. 184
 (c) City Chillicothe (d) Street No. 78 Cherry _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Myrtle Blanche Gay 000

(a) Residence, No. 78 Cherry St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Earl Gay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
42 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Chillicothe 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME George W. Runon 0
 14. BIRTHPLACE (CITY OR TOWN) Livingston County
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lilly Jewell
 16. BIRTHPLACE (CITY OR TOWN) Livingston County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Earl Gay
 (ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 1-31 1958

19. FUNERAL DIRECTOR F. B. Norman
 (ADDRESS) Chillicothe, Missouri

20. FILED Jan 31, 1938 Dorothy M. Lawrence Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 27, 1938 to Jan 27, 1938.
 I last saw him alive on Jan 27, 1938. Death is said

to have occurred on the date stated above, at 5:15 a. m.

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

Carcinoma of Breast Date of onset 50

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Plasent 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) A. J. Fisher _____ M. D.
 (Address) Chillicothe, Mo.

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.

59
2

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, F. B. Norman Licensed Embalmer No. 1404
hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. R. Norman
L. E.
No. 2374 or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed F. B. Norman
Licensed Embalmer No. 1404

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)