

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

Do not use this space.

3627

1. PLACE OF DEATH

17 County Ozark
 Township Bridges
 City (No. _____) _____

Registration District No. 645
 Primary Registration District No. 5854

File No. _____
 Registered No. 3

2. FULL NAME

Charles F. Gresham 625

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1938, to Jan. 11, 1938
 I last saw him alive on Jan. 11, 1938. Death is said to have occurred on the date stated above, at 4:52 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 12

Aquina Pectoris Date of onset _____

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) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: None

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

FATHER 13. NAME Martin V. Gresham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Mary C. Eton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

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. _____

17. INFORMANT (ADDRESS) Mrs. Antzelle Capahert
Webb City Mo

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Gainesville, MO DATE 1-12, 1938

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) P. E. Bushong, M. D.

19. UNDERTAKER (ADDRESS) Parker & Wood
Gainesville Mo.

20. FILED 1/12 1938 J. T. White
 Registrar.

(Address) Gainesville MO

Exact statement of OCCUPATION is very important. Do not use this space.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

S-3627 1938