

DEC 9 SEP 9 1938

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

28677
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014
(c) City Jefferson (d) Street No. St. Marys Hospital Registered No. 235
(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 Virgil Clarence Gaither

(a) Residence, No. Chesterfield Mo. R. R. 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5th, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 5 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Chesterfield 6
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME William B. Gaither 0
14. BIRTHPLACE (CITY OR TOWN) Hickory Hill 0
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Golden
16. BIRTHPLACE (CITY OR TOWN) Henley
(STATE OR COUNTRY) Missouri

17. INFORMANT W. B. Gaither
(ADDRESS) Chesterfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Hill Cem. DATE Aug. 6th, 1938 19

19. FUNERAL DIRECTOR (NAME) G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED 8/5/1938 A. B. Cooper Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5th, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1938, to Aug. 5 1938
I last saw him alive on Aug. 5 1938. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

Fracture of Skull
Accidentally fell from
Arm of Stagger
180'
Other contributory causes of importance:
Fracture of
Trachea

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician's Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury 8-5 1938
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) A. B. Cooper, M. D.

Address Jefferson City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.