

REC'D MAR 21 1939

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

6466
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 294
(b) Township Clark Primary Registration District No. 5471
(c) City or (d) Street No. 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. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 140 Clarice E. Gable St. St. Clair (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Jerome Gable

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-9-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 - 9 - 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which was done, as saw mill, bakery, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....
Housewife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem MoFATHER 13. NAME Charles Joseph14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem MoMOTHER 15. MAIDEN NAME Mrs. E. G. Gable16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Washington17. INFORMANT (ADDRESS) Jessie Gable
51-Clair

18. BURIAL, CREMATION, OR REMOVAL

- PLACE Mt. Zion DATE 3-12-3919. FUNERAL DIRECTOR (ADDRESS) Cherwood Kitchell
51-Clair20. FILED 3/16 1939 W. N. ...
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10-193922. I HEREBY CERTIFY, That I attended deceased from March 6, 1939, to March 10, 1939

I last saw her... alive on 3-10-1939, 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Zoster Pneumonia

Date of onset

Other contributory causes of importance:

InfluenzaName of operation no Date of
What test confirmed diagnosis? Chin Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) W. E. Kitchell, M. D.21/7 (Address) St. Clair

JUN 7 1951

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 Sherwood W. Kitcher
Licensed Embalmer No. 3873
P. O. Address St. Clair, Mo.

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.