

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.

REC'D MAR 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 839
Township Rickland Primary Registration District No. 4510
City Essex Mo (No. _____) St. _____ Ward _____

File No. 8000
Registered No. 7

2. FULL NAME

(a) Residence, No. Essex Mo St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27 - 1920</u>		
7. AGE	YEARS	MONTHS
	<u>18</u>	<u>7</u>
		<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>ny a</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mo State Highway</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov 27 1938</u>		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
13. NAME <u>Charles H Gomer</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marquette Mo</u>
15. MAIDEN NAME <u>Edua Baker</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marquette Mo</u>
17. INFORMANT <u>Chas H Gomer</u> (ADDRESS) <u>Essex Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Essex</u> DATE <u>2-7-39</u>
19. UNDERTAKER <u>Edw Jumps</u> (ADDRESS) <u>Essex Mo</u>
20. FILED <u>2-14-39</u> 19 <u>39</u> <u>W. J. Gomer</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1939
22. I HEREBY CERTIFY, That I attended deceased from Home 19____ to _____ 19____
I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 12:17 am.

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

A poisoned
under overturned
car in drainage
ditch

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 2/5/39
Where did injury occur? Mo. part of Essex Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place Highway
Manner of injury Car overturned into ditch
Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. J. Gomer _____ M. D.
Essex Mo
W. J. Gomer

