

REC'D JUN 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18740

Do not use this space.

1. PLACE OF DEATH

(a) County HenryRegistration District No. 387(b) Township ClintonPrimary Registration District No. 3018(c) City Clinton

(d) Street No. _____

Registered No. _____

(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

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Lach6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 18827. AGE YEARS 57 MONTHS 2 DAYS 28 IF LESS than 1 day, _____8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) (STATE OR COUNTRY) Mo13. NAME Luther Gatton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Martha Newell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Jessie Gatton18. BURIAL, CREMATION OR REMOVAL PLACE Appleton City DATE June 3, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Lee20. FILED 6-5 1939 Clinton, Mo

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 193922. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to May 31, 1939I last saw him alive on May 31, 1939. Death is saidto have occurred on the date stated above, at 11:40 p.m.

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

Hemorrhage from gastric ulcer

Other contributory causes of importance:

Hypertension
Hypocaulitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Joseph B. Smith, M. D.(Address) Clinton, Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-39-905

Date Filed 6-6-39

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,

On the 31 day of May 1939, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1099

P. O. Address Appleton City

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.