

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.

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

Do not use this space.

REC'D JUN 13 1939

19643

1. PLACE OF DEATH

County St. Francois Registration District No. 222
Township _____ Primary Registration District No. 4463
City Elgin (No. _____) St. _____ Ward _____

File No. _____
Registered No. 872

2. FULL NAME

(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

3. SEX Male 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 Rosie Gill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Joseph Deed Co
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

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

13. NAME William Gelf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co. St. Francois Mo

15. MAIDEN NAME Kellie Key

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Rosie Gill (ADDRESS) Elgin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baggs Mo DATE 5-7 1939

19. UNDERTAKER Sparks and Co (ADDRESS) Elgin Mo 1939

20. FILED 6/1 1939 C. B. Barrar MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1939, to May 6 1939

I last saw him alive on 5-5 1939 Death is said to have occurred on the date stated above, at 2:30 m.

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

Carcinoma jaw Date of onset 09/34

Other contributory causes of importance:

Name of operation Removal jaw Date of 1938

What test confirmed diagnosis Clinical 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 _____ 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? No

If so, specify No (Signed) No _____ M. D.

(Address) Deer Co Mo

