

JUN 21 1939

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

10003
Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan Registration District No. 853
(b) Townshp. Roll Primary Registration District No. 6120 Registered No. _____
(c) City Milan (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosella Gorman
(a) Residence, No. _____ St. (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1871
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 2 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Memphis Missouri
13. NAME James Gorman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carsen Co. Kentucky
15. MAIDEN NAME Nancy Ann Willington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurel Kentucky
17. INFORMANT (ADDRESS) Mrs. G. W. Ornduff Milan, Mo.
18. BURIAL, CREMATION, OR REMOVAL Catholic Cem. Milan, Mo. DATE June 14 1939
19. FUNERAL DIRECTOR (ADDRESS) C. G. Schwene Milan, Mo.
20. FILED June 19 1939 Cleo Nagason Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1939
22. I HEREBY CERTIFY That I attended deceased from June 12 1939 to June 13 1939
I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 22 m.
The principal cause of death and related causes of importance were as follows:
phenol poisoning self administered
Other contributory causes of importance: 162
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide 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) Quinn H. Barber, M.D.
(Address) Milan Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARCON RESERVED FOR BIDDING

V. S. CO. Z.
50M-7-26-37
I X12004

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schoene Licensed Embalmer No. 2016

hereby certify that the body recorded on the reverse side of this certificate was embalmed by same

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

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.)