

JUL 11 1939

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

21692
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway 3 Registration District No. 104
 (b) Township Fulton, Mo 1 Primary Registration District No. 3028 Registered No. 161
 (c) City Fulton, Mo (d) Street No. State Hospital x 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Walter Gant
 (a) Residence, No. 4216A Fairfax, St. Louis County, Mo (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 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) Febr. 19, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 years 3 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939

22. I HEREBY CERTIFY That I attended deceased from October 5, 1938, to June 18, 1939
 I last saw him alive on June 17, 1939 Death is said to have occurred on the date stated above, at 6:45 a. m.
 The principal cause of death and related causes of importance were as follows:
Suicide - jumped from the water tower
 Date of onset 6/18/39

Other contributory causes of importance: _____

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? suicide (Date of Injury June 18, 1939)
 Where did injury occur? State Hospital #1, Fulton
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Suicide
 Nature of injury Multiple Compound Fracture, Pert. & Jaw, and probable internal injuries

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Geo. F. Wood M. D.
 (Address) State Hosp #1 Fulton Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonestown, Mo

FATHER
 13. NAME Jim Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

MOTHER
 15. MAIDEN NAME Daisy Bell Rose
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonestown, Mo

17. INFORMANT (ADDRESS) State Hosp. #1 Records Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Louis DATE June 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ellis J. ... 9220 ...

20. FILED 6/18/39 R. N. Cruise Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.