

2050 JUL 19 1939

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

23449
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Stone Registration District No. 843
 (b) Township Washington Primary Registration District No. 4573 Registered No.
 (c) City Malena or (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. 2 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Franklin Gaden
 (a) Residence, No. Stone Co. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhich Gaden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 1

OCCUPATION 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) 1936 11. Total time (years) spent in this occupation 2 1/2

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

FATHER 13. NAME Silas Gaden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mabel Benham Malena, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malena DATE June 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Everett J. Cheatham Malena, Mo.

20. FILED June 6, 1939 Nellie Ironley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1939

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to June 3, 1939
 I last saw him alive on June 13, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
g.i.v.

Other contributory causes of importance:
arteriosclerosis

Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury, 19.....
 Where did injury occur? T (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
 (Signed) J. H. Gaden, M. D.
 (Address) Malena, Mo.

N. E.—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.

RECEIVED

District Health Officer No. 6,

District File Number 739-1426

Date Filed JUL 11 1939

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. ~~3870~~

working under my personal supervision.

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Malena, Mo

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.