

AUG 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Stone

Registration District No.

846

File No.

27027

Township

Cape

Primary Registration District No.

6111

Registered No.

8

City

Jamezelle Mo.

(No.)

St.

Ward)

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)

Sickie Gold

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

Feb. 15, 1880

7. AGE

YEARS

54

MONTHS

4

DAYS

24

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, 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)

Missouri

MOTHER FATHER

13. NAME

Jamez Gold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

15. MAIDEN NAME

Paralee Sauttrall

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

Tennessee

17. INFORMANT (ADDRESS)

Sickie Gold
Jamezelle Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Jamezelle

DATE

July 10, 1939

19. UNDERTAKER (ADDRESS)

T. B. Chubb
Jamezelle Mo.

20. FILED

8-10-'39 A. G. Sherman
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from

July 9, 1939, to July 9, 1939

I last saw him alive on July 9, 1939. Death is said

to have occurred on the date stated above, at 10:40 a.m.

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

Cerebral Apoplexy.

Date of onset

7-7-39

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? 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)

A. G. Sherman

M. D.

(Address)

Jamezelle, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1705

Date Filed AUG 14 1930