

SEP 19 1939

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

29678

Do not use this space.

1. PLACE OF DEATH

(a) County Maxion Registration District No. 543
 (b) Township Mason Primary Registration District No. 3029
 (c) City Hannibal (d) Street No. ST Elizabeth Hosp. 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 Baby Gorman

(a) Residence, No. Raynham St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Aug-11-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
— — — 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.
 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) Hannibal Mo

FATHER 13. NAME John Gorman

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

MOTHER 15. MAIDEN NAME Catherine Gorman

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

17. INFORMANT (ADDRESS) John Gorman
Salunga, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cen. DATE Aug-11-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Donnell
Hannibal, Mo

20. FILED Aug 17 1939 A C Fisher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-11-1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1939, to Aug 11 1939

I last saw him alive on Aug 11 1939. Death is said to have occurred on the date stated above, at 10:30 m.

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

Pneumonia (7 months) Date of onset 8-11-39

Other contributory causes of importance: 154
circulatory failure

Name of operation _____ Date of _____
 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? _____
 If so, specify _____
 (Signed) Spencer S. Suddeth, M. D.
 (Address) Hannibal, 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.

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.....

Michael J. O'Donnell

Registered Apprentice No. *3246*

working under my personal supervision.

Signed.....

Michael J. O'Donnell

Licensed Embalmer No. *3246*

P. O. Address *Hannibal*

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.