

REC'D SEP 15 1939

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

29997  
Do not use this space.

1. PLACE OF DEATH

(a) County Ralls Registration District No. 726  
(b) Township New London Primary Registration District No. 2-95-7443  
(c) City New London (d) Street No. Residence Registered No. \_\_\_\_\_  
(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 Spurgeon Lee Gatewood

(a) Residence, No. New London Missouri St.  (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lavina Jones Gatewood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1970

7. AGE YEARS 69 MONTHS 4 DAYS 2 If LESS than 1 day, .....hrs. or .....min.

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lincoln County Missouri (STATE OR COUNTRY)

FATHER 13. NAME Wyatt Gatewood  
14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Fannie E. Watts  
16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Virginia Johnson Chicago Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkley DATE 8/8/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home (ADDRESS) Hannibal Missouri 6.53

20. FILED Aug 7 1939 Blanche McGowan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/39 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939, to Aug 5, 1939  
I last saw him alive on Aug 4, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset \_\_\_\_\_  
J.J.K.  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_  
(Signed) H. J. Waters M. D.  
(Address) New London, Mo

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.

50M-9-19-38 I X16603

RECEIVED

District Health Officer No. 10

District File Number 9-39-1586

Date Filed SEP 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.....

J. J. Marsh L. E. 3932....., Registered Apprentice No.....  
working under my personal supervision.

Signed Crawford Smith.....

Licensed Embalmer No. 3814.....

P. O. Address Hannibal 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.