

JAN 8 1939

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

43505
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Lickery Registration District No. 365
 (b) Township Wheatland Primary Registration District No. 5511 Registered No. 6
 (c) City Wheatland Mo (d) Street No. _____ 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. ds. 0 How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Lucy Josephine Gish
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fm 4. COLOR OR RACE whr 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ryan Gish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 28

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

FATHER
 13. NAME E. C. Pitts
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
 15. MAIDEN NAME Malissa Vanderpool
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ned P. Gish
 (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardner DATE 12/1/39

19. FUNERAL DIRECTOR J. R. Luckey
 (ADDRESS) Wheatland Mo

20. FILED 12/17 1939 Mrs. A. S. Johnston
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Nov-29-, 1939
 I last saw her alive on Nov-29-, 1939 Death is said to have occurred on the date stated above, at 6:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of breast Date of onset _____
Date of onset unknown as she kept it hid as long as possible
 Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Physical 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) A. S. Johnston M. D.
 (Address) Wheatland Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
50M-7-20-37
I X12004

140-493
1-8

STATEMENT BY LICENSED EMBALMER

I, JR Luckey, Licensed Embalmer No. 2982
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed JR Luckey
Licensed Embalmer No. 2982

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.)