

FILED JUN 10 1940

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

17903

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85
 (b) Township Washington 0 Primary Registration District No. 1001
 (c) City St Joseph (d) Street No. 1012 S. 10th 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 5 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

370 DEE GATTS (MRS.)
 (a) Residence, No. 1012 S. 10th 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 FEMALE 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 JAMES W. GATTS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/15/1866
 7. AGE YEARS 74 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.
 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. Home
 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) Payne Ill. 1

13. NAME HENRY HALL 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PAYNE Ill. 1

15. MAIDEN NAME ANNA THURSTON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SARATOGA, N.Y.

17. INFORMANT (ADDRESS) Mrs. Eva Rothman
1012 S. 10 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Morad DATE MAY 15 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC.
1946 Calhoun St Joseph

20. FILED May 15 1940 N. J. Nestor Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 12 1940

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1940 to May 12, 1940
 I last saw her alive on May 12, 1940 Death is said to have occurred on the date stated above at 6 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 5/9/40
Cerebral Thrombosis
Cerebral hemorrhage
Arterio-sclerosis

Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis? Living 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

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 St. J. Bloomer M. D.

(Signed) St. J. Bloomer M. D.

(Address) 1218 N. 32 St. Joseph, Mo.

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....., working under my personal supervision

Signed C. L. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.