

FILED OCT 13 1942

Registration District No. 224

Primary Registration District No. 2072

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.

(c) Name of hospital or institution: Ritzgibbons Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. All His Life

In this community. All His Life

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall

(If outside city or town limits, write "RURAL")

(d) Street No R.F.D. 4

(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Lewis William Gorham

(b) If veteran, name war #

(c) Social Security No. #

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 7 year 42 hour 12 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sep 7 to Sep 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Duration: 62 years

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Slaughter

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Mar. 21 1879

(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 16

If less than one day hr. min.

9. Birthplace Saline Co., Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Gorham

(b) Address R.F.D. 4 Marshall, Mo.

17. (a) Burial (b) Date thereof

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Creek Cemetery

18. (a) Signature of funeral director

(b) Address

19. (a) Date received local registrar Sept 7 1942 (b) Registrar's signature

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

46 f

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature Date signed

