MARGIN RESERVED FOR BINDING

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.

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

FILED OCT 20 1943

Do not use this space.

34001

1. PLACE OF DEATH
County Andrew — Registration District No. 2 — File No.
Township — Primary Registration District No. 4008 — Registered No. 102
City Cosby (No. , St. Ward)

2. FULL NAME Jessie Henry Gaines
(a) Residence, No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1857
7. AGE: YEARS 86 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, 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) Ind. 1

FATHER
13. NAME W. O. Gaines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Mrs. John Gnuschke Cosby Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen DATE Sept. 23 1943
19. UNDERTAKER (ADDRESS) Roland funeral Home Cameron Mo.
20. FILED 9/23/43 F H Fritchman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 23 1943

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 30 1942 to SEPT. 23 1943
I last saw him alive on SEPT. 23 1943 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Fibrosis (Degeneration)	—
93	
Other contributory causes of importance:	
Essential Hypertension.	—
Partial Auriculoventricular Block.	—

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) W. E. Maxwell, D.O.
(Address) Cosby, Missouri.

Embalmed By Me.
Herald I. Wade
No. 4172
Cameron Mo.