

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

Do not use this space.

8658

**1. PLACE OF DEATH**

County Stearns  
Township Deepwater  
City                      (No.                     )

Registration District No. 352  
Primary Registration District No. 5473

File No.                       
Registered No. 4  
St.                      Ward                     

**2. FULL NAME**

George William Gath  
(a) Residence No.                      St.                      Ward                       
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	7	10	17	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work                       
(b) General nature of industry, business, or establishment in which employed (or employer)                       
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Gath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary A. Weisman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT Ed Ward Gath  
(Address) Montrose Mo

15. FILED 3/22 28 J M Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1928

17. I HEREBY CERTIFY That I attended deceased from March 18 1928 to March 20 1928 that I last saw him alive on March 18 1928 and that death occurred, on the date stated above, at                      m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Spina Bifida  
157B (duration) lifetime yrs. mos. da.

CONTRIBUTORY (SECONDARY) 159C1 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED                       
IF NOT AT PLACE OF DEATH                     

19. DID AN OPERATION PRECEDE DEATH? no DATE OF                       
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS                       
(Signed) J M Miller M. D.

(Address) Montrose Mo  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Montrose Catholic C DATE OF BURIAL March 22 1928

20. UNDERTAKER F Leunaitz ADDRESS Montrose

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.

