

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

Do not use this space.

1974

**1. PLACE OF DEATH**

County Moniteau

Township Harrison

Nearest City California Mo.

Registration District No. 576

Primary Registration District No. 5773

File No. \_\_\_\_\_

Registered No. 1

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME**

(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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Mollie Gamble

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept 27<sup>th</sup> 1882

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

47

3

18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Miller to Mo

**10. NAME OF FATHER**

Lee R. Hill

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Callaway to Mo

**12. MAIDEN NAME OF MOTHER**

Eliza Brockman

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ind

**14.**

INFORMANT

(Address)

Fred Hill

Latham Mo

**15.**

FILED

Jan 15 1930

Dr. J. B. Finke

REGISTRAR

**2**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan 10<sup>th</sup> 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from

1-2-1930 to 1-10-1930

that I last saw him alive on 1-8-1930, and that death occurred, on the date stated above, at 7 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Stitis media

11B

89A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**8 DID AN OPERATION PRECEDE DEATH?**

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

H. B. Popejoy

M. D.

(Address)

California 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**

DATE OF BURIAL

Gamble Cemetery

Jan 11<sup>th</sup> 1930

**20. UNDERTAKER**

ADDRESS

Kedwell's Undertaker Mo

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

