

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

Do not use this space.

23840

1. PLACE OF DEATH

County *Monteair*Registration District No. *577*Township *1st*Primary Registration District No. *577.5*City *Lathrop*File No. *7*Registered No. *7*St. *Mo.*

Ward

2. FULL NAME

(a) Residence, No. *1*

(Usual place of abode)

St. *Mo.*

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

*W*5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Married*5A. IF MARRIED, WIDOWED, OR DIVORCED,
HUSBAND OF
(OR) WIFE OF*Constance*

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

Sept 10-1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*63**10**20*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*St Clair Co Mo*

13. NAME

John Gist

MOTHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Monteair Co Mo*

15. MAIDEN NAME

*Whitcomb Turner*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Monteair Co Mo*17. INFORMANT
(ADDRESS)*Thady Gist
Lathrop Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

*Highland Aug 1st 1933*19. UNDERTAKER
(ADDRESS)*William D. Mudd Meyer
California Mo*

20. FILED

8-10 1933 J. M. Robertson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 30 1933

22. I HEREBY CERTIFY That I attended deceased from

*May 15 1932 to July 30 1933*I last saw him alive on *July 30 1933* Death is saidto have occurred on the date stated above, at *4 P* m.

The principal cause of death and related causes of importance were as follows:

*Nephritis and
Vascular Heart
Disease*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed)

M. D.

(Address)

*L. F. Lathrop
California Mo*

AUG 20 1933

JUN 26 1945