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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 35143

Township St Louis Mo Primary Registration District No. 1003 Registered No. 10316

City #5246 Maple Ave (No. ..... St. ..... Ward)

2. FULL NAME George Gaty

(a) Residence. No. #5246 Maple Ave St., Ward 5 (If nonresident give city or town and State)
(Usual place of abode)

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) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 19th 1867

7. AGE Years 59. Months 10. Days 26. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

PARENTS

10. NAME OF FATHER John Gaty.

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

12. MAIDEN NAME OF MOTHER Hattie Parks

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

14. INFORMANT Miss Ruby Gaty.
(Address) 5246 Maple Ave.

15. FILED NOV 18 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-15 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1927, to Nov 15, 1927 that I last saw him alive on Nov 15, 1927, and that death occurred, on the date stated above, at 15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: T.P.
Chronic
Myocarditis Chronic
93 Cy
Sort Knowd (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical = Laboratory =

(Signed) H. A. Barton, M. D

11-16, 1927 (Address) University Bldg

*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 Valhalla Cem. DATE OF BURIAL Nov, 18th, 1927.

20. UNDERTAKER C. R. Lupton, ADDRESS Olive Street #4449.

Dr Barlow