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

Do not use this space.

40285

1929

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2001

City: Springfield (No. ..., ..., St., Ward)

File No.: — Registered No. 854

2. FULL NAME: Harold Eugene Gaultney

(a) Residence. No. 1218 W Water St., ..., Ward.
(Usual place of abode) (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):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 15 - 1920

7. AGE: Years 8 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At School
(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): Okla

PARENTS

10. NAME OF FATHER: Wm Gaultney

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

12. MAIDEN NAME OF MOTHER: Jane Ione Williams

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

14. INFORMANT: Wm Gaultney
(Address) 1218 Water St

15. FILED 12/9/28 ..., 19... O. C. Horst M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1928, to Dec 8 1928, that I last saw h. alive on Dec 6 1928, and that death occurred, on the date stated above, at 10 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
57 57 (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ... (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) W. B. Lemmon, M. D
, 19 (Address) 7 Land Bank Bldg Springfield 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: Wright Cem. Hurly Mo — DATE OF BURIAL: Dec 9 1928

20. UNDERTAKER: J M Klingner & Co — ADDRESS: Springfield Mo

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.