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

Do not use this space.

8966

File No. .....
Registered No. 4

1. PLACE OF DEATH
County: Butler
Township: Ash Hill
City: ..... (No. ..... St. ..... Ward)
Registration District No. 90
Primary Registration District No. 3734C

2. FULL NAME: James E Gideon

(a) Residence: No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 5 1873

7. AGE: Years 58 | Months 0 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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): Washington Co Mo

PARENTS
10. NAME OF FATHER: W M Gideon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Jane Staples
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Mc Glaso
(Address): .....

15. FILED 3/6 1931 Nora J Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 14 1931 to Mar 2 1931 that I last saw him alive on Feb 14 1931 and that death occurred, on the date stated above, at 11:42 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
93 D
Dr B
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): apoplexy (cerebral)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. N. Barnett, M. D.
3-5, 1931 (Address) Poplar Bluff

*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: Mole Hill
DATE OF BURIAL: 3-6 1931

20. UNDERTAKER: none Homemade coffin
ADDRESS: .....

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.

WHEN FILLED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 21 1931