

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

Do not use this space.

21323

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**1. PLACE OF DEATH**

County Newton Registration District No. 675  
Township Marion Primary Registration District No. 5897  
City Diamond (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 16

**2. FULL NAME** Fred Parnell Gage

(a) Residence, No. Diamond, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 19 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
Died at Cheatham Hospital, Diamond, Mo.  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Am. 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. 17th. 1914

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
19	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Grocery Store

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 May 1934 11. Total time (years) spent in this occupation ONE yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond, Newton County, Mo.

13. NAME Elmer L. Gage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County, Mo.

15. MAIDEN NAME Bessie Parnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County, Mo.

17. INFORMANT Elmer L. Gage  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Diamond WOV. DATE June 29th 34

19. UNDERTAKER Bigham-Brookshire  
(ADDRESS) Diamond, Mo.

20. FILED June 29 1934 U. S. Chapman  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1934

22. I HEREBY CERTIFY that I attended deceased from June 20 1934, to June 27 1934  
I last saw him alive on June 27 1934. Death is said to have occurred on the date stated above, at 10:10 p.m.  
The principal cause of death and related causes of importance were as follows:

Primary cause following Store on an anesthetic  
Date of onset June 27 1934  
10:10 p.m.  
Other contributory causes of importance: None

Name of operation Hemistomy Date of June 27 1934  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

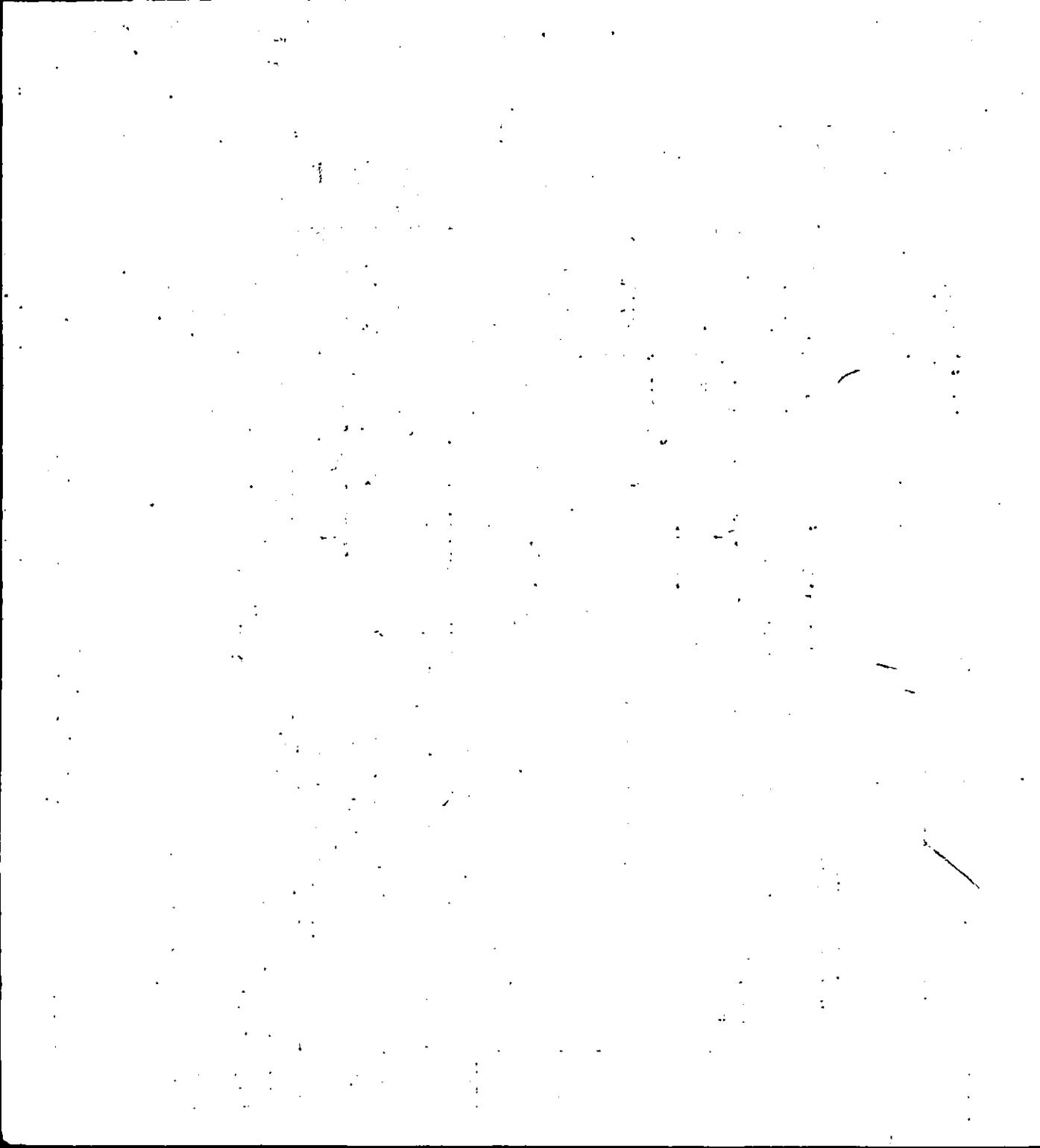
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. P. Cheatham, M. D.  
(Address) Diamond, 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.

JUN 19 1934

135



*Newton*

WASHINGTON

16

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Fred Oarnell Gage  
Who died at \_\_\_\_\_ on June 27 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: Single

Date of birth \_\_\_\_\_ Age: Years 19 Months 6 Days 10

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Pneumonia following anesthetic  
Lobar pneumonia

Other contributory causes of importance \_\_\_\_\_

Name of operation Herniomy Date of June 21 - 1934

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician 2150 Chapman

Signature of Registrar \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 615 Very truly yours,

Primary Reg. Dist. N. 5817 *E. T. McLaugh M.D.*

Special Agent. *s.c.*

S-21323

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-14-2010 BY 60322 UCBAW/STP