

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

Do not use this space.

JUN 4 1935

15174

1. PLACE OF DEATH

County St. Louis Registration District No. TT23
 Township Carondelet Primary Registration District No. 6248B
 City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

File No. _____

Registered No. 144

2. FULL NAME Dennis GAINES

(a) Residence, No. 2001 Illinois Avenue St. _____ Ward Granite City, Illinois
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. Wn 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	56	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon
 10. Date deceased last worked at this occupation (month and year) April 1934 11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (CITY OR TOWN) Huntsville, Ky.
 (STATE OR COUNTRY)

13. NAME Frank Gaines

14. BIRTHPLACE (CITY OR TOWN) Huntsville, Ky.
 (STATE OR COUNTRY)

15. MAIDEN NAME Angeline Jenkins

16. BIRTHPLACE (CITY OR TOWN) Huntsville, Ky.
 (STATE OR COUNTRY)

17. INFORMANT W. G. Gibson, M.D.
 (ADDRESS) Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granite City Ill DATE 4/15 1935

19. UNDERTAKER J. E. Mercer
 (ADDRESS) Granite City Ill

20. FILED Apr 15 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1935 to April 15, 1935

I last saw him alive on April 15, 1935 Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Broncho pneumonia. Date of onset Unkn.

Other contributory causes of importance: Cirrhosis of liver, portal type. Unkn.

Name of operating hospital History, Physical, x-ray and laboratory Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

findings, clinical manifestations

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? _____

If so, specify _____

(Signed) W. G. Gibson, M.D. Chief Med. Officer

(Address) City, Adm. Facility, Jeff. Brks., 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.

