AUG 25 1937

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

Do not use this space.

27622

1. PLACE OF DEATH
County Lafayette
Township ~~[illegible]~~
City Odessa (No. ..... St. ..... Ward)

Registration District No. 464
Primary Registration District No. 4277

File No. 18
Registered No. 21

2. FULL NAME Eloise Gaun

(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 Fem.
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) July 20-1937

7. AGE YEARS MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo.

FATHER
13. NAME Glen Gaun
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo.

MOTHER
15. MAIDEN NAME Josephine Barton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo.

17. INFORMANT (ADDRESS) Mrs J S Barton Odessa, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord Cem DATE 7/20 37

19. UNDERTAKER (ADDRESS) Blinoe & Sons Odessa, Mo

20. FILED July 20, 1937 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Stillbirth

Date of onset

Other contributory causes of importance: Uterine hemorrhage of mother caused by detachment of placenta

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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. C. Schooley, M. D.
(Address) Odessa 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.