

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County LivingstonRegistration District No. 5.8File No. 27705

Township

Primary Registration District No. 30.26Registered No. 101City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME

Unnamed infant of Virginia Gay

(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

Male

4. COLOR OR RACE

White5. 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)

July 27, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 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)

Chillicothe, Mo.

13. NAME

Stanley Fragell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Virginia Gay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Chillicothe, Mo.

17. INFORMANT (ADDRESS)

Mrs. George Gay
Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE EdgewoodDATE July 28, 1937

19. UNDERTAKER (ADDRESS)

F. B. Norman
Chillicothe, Mo.

20. FILED

July 28, 1937 Stanley H. H. H. H. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 193722. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to July 27, 1937I last saw him alive on July 27, 1937. Death is saidto have occurred on the date stated above, at 8:00a.

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

Premature BirthOther contributory causes of importance: 154

Name of operation _____ Date of _____

What test confirmed diagnosis? Placed 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? _____

If so, specify _____

(Signed) A. Folger, M. D.(Address) Chillicothe, 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.

