

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

Do not use this space.

2840

**1. PLACE OF DEATH**

County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township S. Campbell Primary Registration District No. 5440 Registered No. 48  
 City Springfield (No. 1) Federal Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** GORMAN, Frank 655  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. San Francisco, Calif.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 0 yrs. 4 mos. 13 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) Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Unknown

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 1-22-63

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 ✓ 74 11 20

**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.** -  
**10. Date deceased last worked at this occupation (month and year)** DK **11. Total time (years) spent in this occupation** DK

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** San Francisco, Calif.

**13. NAME** Patrick Gorman

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

**15. MAIDEN NAME** Jane O'Hara

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Newburg, N. Y.

**17. INFORMANT** Deceased (ADDRESS)

**18. BURIAL, CREMATION, OR REMOVAL** St. Marys Cemetery  
 PLACE Springfield, Mo. DATE Jan 15 1938

**19. UNDERTAKER** Alma Lohmeyer Funeral Home  
 (ADDRESS) Springfield, Missouri

**20. FILED** Jan 15 1938 Chas. W. George MD  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 12 1938

**22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1937, 19 to Jan. 12, 1938, 19**  
 I last saw him alive on Jan. 12, 1938, 19. Death is said to have occurred on the date stated above, at 12:15 a. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebellar Hemorrhage 1-9-38 Date of onset

Other contributory causes of importance:  
 Arteriosclerosis, generalized DK  
 Endocarditis, chronic DK

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

**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) T. A. Smith, A.A. Surgeon, M. D.  
 (Address) Clinical Director, USHDD, Springfield, 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH