

REC'D MAY 13 1938

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

13938
Do not use this space.

1. PLACE OF DEATH
 (a) County Bany. Registration District No. 36
 (b) Township Sugar Creek Primary Registration District No. 5052 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 80 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Caleb W. Gamm 500
 (a) Residence, No. Seligman St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W.</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 3, 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Marj L. Gamm</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>morning</u> 19 <u>38</u> to <u>3:45</u> 19 <u>38</u> I last saw him alive on <u>Mar 22, 1938</u> Death is said to have occurred on the date stated above, at <u>9 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>acute Rhinitis</u> <u>General debility</u> Date of onset _____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 9, 1855</u>				Other contributory causes of importance: <u>old age 104</u>	
7. AGE YEARS <u>88</u>	MONTH <u>2</u>	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. _____ min.	Name of operation _____ Date of _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			What test confirmed diagnosis? _____ Was there an autopsy? _____	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>			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.	
	10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 2</u>			Manner of injury _____ Nature of injury _____	
	13. NAME <u>Adam Gamm</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No</u> (Also, specify _____)	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georg.</u>			(Signed) <u>H. S. Edwards, M. D.</u>	
	15. MAIDEN NAME <u>May Benson</u>			19. FUNERAL DIRECTOR (ADDRESS) <u>Home of _____ Seligman Mo</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georg.</u>			20. FILED <u>April 25, 1938</u> <u>Collin S. Frost</u> Local Registrar.		
17. INFORMANT (ADDRESS) <u>Floyd Weaver Seligman</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bayless</u> DATE <u>Apr 5, 38</u>					

(Licensed Embalmer's Statement on Reverse Side)

WHILE PRINTING, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)