

REC'D JUN 20 1938

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

18543

Do not use this space.

1. PLACE OF DEATH

(a) County Gaspey Registration District No. 411
 (b) Township Gaspey Primary Registration District No. 200 Registered No. _____
 (c) City Gaspey (d) Street No. 228 N. Pichey (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 228 N. Pichey St. (If nonresident, give city or town and State) Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX u 4. COLOR OR RACE W 5. 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) Mich 21-1901
 7. AGE YEARS 37 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shenandoah, Ky13. NAME Chas. Gardner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Lucy Wycke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas17. INFORMANT (ADDRESS) Mrs C. B. Gardner
228 N. Pichey18. BURIAL, CREMATION, OR REMOVAL PLACE Farrar DATE 5/24/3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Perry K. Hurd
Gaspey, Mo.20. FILED 5-23-38 Ed D. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-38

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1938, to May 22, 1938.
 I last saw him alive on May 22, 1938. Death is said to have occurred on the date stated above, at 109 m.

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

Tuberculosis PulmonaryDate of onset May 1938

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? noIf so, specify _____ (Signed) Aug J. Meredith, M. D.(Address) 401 Evans Bldg, Joplin

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Perry K. Lurbeck

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Perry K. Lurbeck

Licensed Embalmer No. *959*

P. O. Address

Joseph New Dr.

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.)

If this body is not embalmed, above space should be left blank.