DEC'D JUL 11 1938

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

22003
Do not use this space.

1. PLACE OF DEATH
(a) County Howell Registration District No. 384
(b) Township Primary Registration District No. 4227 Registered No.
(c) City West Plains, Mo (d) Street No. 11 Garfield Ave St.
(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 yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GORDON WALLACE TRANTHAM.
(a) Residence, No. ~~Peace Valley, Mo.~~ St. Peace Valley, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1938
7. AGE YEARS 0 MONTHS 0 DAYS 15 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peace Valley, Missouri 0

FATHER
13. NAME Earl Trantham 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rover, Missouri 0

MOTHER
15. MAIDEN NAME Oneta Weatherly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peace Valley, Missouri

17. INFORMANT (ADDRESS) Earl Trantham Peace Valley, Mo.
18. BURIAL, CREMATION, OR REMOVAL Jolliff Cem.
PLACE Rover, Mo. DATE June 30, 1938
19. FUNERAL DIRECTOR (ADDRESS) Thornburgh Funeral Home West Plains, Mo.
20. FILED 6-30 1938 Vida V. Simons
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 29, 1938.
I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage from navel. (Hemophilia.) — Date of onset 6/24/1938.

161 F.

Other contributory causes of importance: Infection liver and gallbladder. 6/21/38.

Name of operation None. Date of x
What test confirmed diagnosis? Clinical. 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? No.
If so, specify xxx
(Signed) A. H. Thornburgh, M. D.
(Address) West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 w the above constitutes grounds for revocation of license.)**