

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.

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

Do not use this space.

36620

1. PLACE OF DEATH *Pay* 2
 89 County Registration District No. *744*
 Township Primary Registration District No. *3035*
 6 City *Richmond Mo* 1
 1 2. FULL NAME *Mrs Mary Pute Gaines*
 (a) Residence, No. St. Ward.
 (Usual place of abode) *Pay County Mo.* (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
 5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *George P. Gaines*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *September 16, 1879*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
63 0 22
 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. *House Wife*
 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) *Kentucky*
 FATHER
 13. NAME *James A. Pute*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 MOTHER
 15. MAIDEN NAME *Abigail Johnson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
 17. INFORMANT *Mrs. George Gaines Jr.*
 (ADDRESS) *Richmond, Missouri*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *October 10, 1938*
 19. UNDERTAKER *J. W. Maguire 668*
 (ADDRESS) *Richmond, Missouri*
 20. FILED *11-1* 1938 *Thompson, M. Donald* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *October 8, 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *Mar* 1938 to *Oct 8* 1938
 I last saw her alive on *Oct 8* 1938. Death is said to have occurred on the date stated above, at *5:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset
 Other contributory causes of importance: *H/O*
 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? *No*
 If so, specify
 (Signed) *D. P. Greene* M. D.
 (Address) *Richmond, Mo.*

RECEIVED
District Health Officer No. 8,
District File Number 11/4/38
Date Filed