

JUL 17 1940

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

Do not use this space.

21544

1. PLACE OF DEATH

County Clinton
Township Jackson
City Clinton (No. 2)

Registration District No. 206
Primary Registration District No. 3285

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

ABRAHAM ELMO GOW

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Opal Gow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Clay, Mo.

13. NAME M. D. Gow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay, Mo.

15. MAIDEN NAME Frances Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay, Mo.

17. INFORMANT (ADDRESS) Hassie Pearl Gow
Hoet, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord, Mo. DATE 6/27 1940

19. UNDERTAKER (ADDRESS) Demoss CRUNK
Patton, Mo.

20. FILED 6-27 1940 L. B. Dinkerson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1940

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1940, to June 26, 1940

I last saw him alive on June 26, 1940. Death is said to have occurred on the date stated above, at 12:00 P.M.

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

Carcinoma of pyloric region of stomach with liver metastasis and abdominal ascites

Other contributory causes of importance: 4/6

Name of operation _____ Date of _____
What test confirmed diagnosis Chemical 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 _____, 1940

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) Oliver B. Baker, M. D.
(Address) Lawson, Mo.

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

RECEIVED

District Health Officer No. 11,

District File Number 7407258

Date Filed JUL 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21544

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 206

Primary Registration District No. 2285-

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Jackson
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Abraham Elus Saw

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton
(c) City or town Converse, Rural
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Elus E. Buckner (M. D. or other) _____

Address Lansdown Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

Handwritten text, possibly a signature or name, located in the upper left quadrant of the page.