

REC'D JAN 22 1941

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

44192
Do not use this space.

1. PLACE OF DEATH
 (a) County Wayne Registration District No. 65
 (b) Township Logan Primary Registration District No. 6192 Registered No. 9
 (c) City _____ (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sophia Jane Gayton
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Michell M. Gayton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 1862

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>78</u> | <u>8</u> | <u>29</u> | |

OCCUPATION

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

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) St. Louis Mo.

FATHER

13. NAME Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Julia Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Michell M. Gayton
Paterson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickson Cemetery DATE 11/25/1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William Coder
Wiedmont, Mo.

20. FILED Nov 25 1940 Mrs. F. M. Poels
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1940 to Nov 24 1940
 I last saw her alive on Nov 22 1940 Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Arteriosclerosis
Myocardial Infarction

Date of onset _____

Other contributory causes of importance: 171

Name of operation NONE 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? _____
 If so, specify _____
 (Signed) T. C. Piles M. D.
 Address Wiedmont, Mo.

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.

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, or by.....

William Coder....., Registered Apprentice No.....
working under my personal supervision.

Signed *William Coder*
Licensed Embalmer No. *3723*
P. O. Address *Cudmont,*

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.