

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

14167

1. PLACE OF DEATH
 County Madison Registration District No. 678
 Township St James Primary Registration District No. 5904
 City St James (No. _____) St. _____ Ward _____

2. FULL NAME John Gorman
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>16</u>	<u>—</u>	<u>22</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 7-15 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo

13. NAME Ed Gorman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo

15. MAIDEN NAME Mary Stetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo

17. INFORMANT Ed Gorman (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gorman Cem DATE 4-22 1933

19. UNDERTAKER H. K. Kiehlner (ADDRESS) St James Mo

20. FILED 4-26 1933 Henry Stetter Registrar.

MEDICAL CERTIFICATE OF DEATH

7
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20 1933, to April 21 1933
 I last saw him alive on April 20 1933 Death is said to have occurred on the date stated above, at 4:00 a.m.
 The principal cause of death, and related causes of importance were as follows:
Simple Meningitis Date of onset _____
Produced by Flu infection
 Other contributory causes of importance: 11B
 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? _____
 If so, specify C. H. Lulbright M. D.
 (Signed) St James 11B
 (Address)

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. MAY 22 1933

