

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

Do not use this space.

JUN 28 1937

21118

1. PLACE OF DEATH
89 County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
6 City Richmond (No. 2) St. 1 Ward
4

2. FULL NAME Mrs. Adah Bell Gorham
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) _____
(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.

File No. _____
Registered No. 51

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis M. Gorham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16th 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 1 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house duties
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) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri
13. NAME Jacob Speer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Ind.
15. MAIDEN NAME Elizabeth Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford - Ind.
17. INFORMANT Mrs. Susan Dickey
(ADDRESS) Richmond Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Nichols Grove DATE May 14 - 1937
19. UNDERTAKER E. B. Thurman
(ADDRESS) Richmond Mo.
20. FILED 6/10-37 19 Manfred McDonald
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 - 1937
22. HEREBY CERTIFY, That I attended deceased from Ray, 1937, to May 12, 1937
I last saw her alive on May 7, 1937. Death is said to have occurred on the date stated above, at 7 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: 40
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) R. D. Allen, M. D.
(Address) Richmond, Mo.

Every year or 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.

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