

APR 25 1935

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

Do not use this space.

10291

1. PLACE OF DEATH

County Ross Registration District No. 244
Township Richmond Primary Registration District No. 5976 B
City Herrisville (No. _____) St. _____ Ward _____

File No. _____

Registered No. 262. FULL NAME Thomas B. Gorman

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23 - 1871</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	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) <u>Covington Mo</u>

MOTHER	13. NAME <u>George Gorman</u>
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FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
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MOTHER	15. MAIDEN NAME <u>Elizabeth Mayers</u>
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FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
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17. INFORMANT (ADDRESS) <u>Mrs. Frank Carter</u> <u>Herrisville Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sandal Cove</u> DATE <u>Mar. 17 1935</u>
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19. UNDERTAKER (ADDRESS) <u>E. H. Huggins</u> <u>Richmond Mo</u>
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20. FILED <u>4-10 1935</u> <u>E. E. Day</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 14 - 1935

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935 to March 14, 1935

I last saw him alive on March 14th, 1935. Death is said

to have occurred on the date stated above, at 9 P. m.

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

Acute Endo Carditis Date of onset _____

Other contributory causes of importance: _____

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 _____

(Signed) D. J. Smith, M. D.

(Address) Herrisville, Mo

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

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.

