

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

Do not use this space.

✓ 25566

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 62

2. FULL NAME Thomas Jefferson 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.

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 Mrs J. J. Gorham
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/10 - 25 - 1877
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 7 21
 8. OCCUPATION OF DECEASED Farming 210M
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

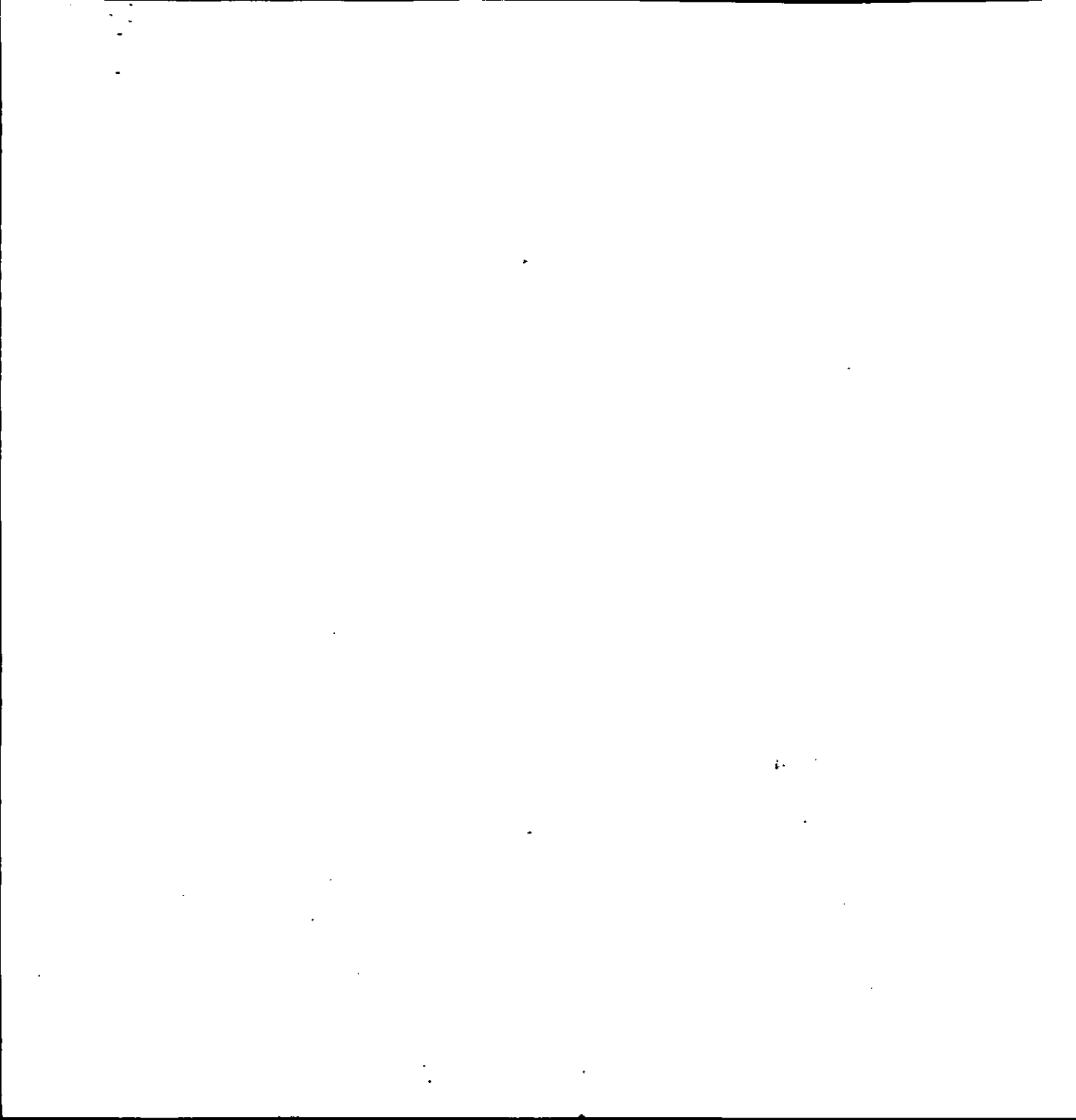
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1929
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to July 16, 1929, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, _____, m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Base of Skull from accidental fall from automobile just
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) MO
 10. NAME OF FATHER T. J. Gorham
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawson (STATE OR COUNTRY) MO
 12. MAIDEN NAME OF MOTHER Sarah Ann Schooly
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawson (STATE OR COUNTRY) MO

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) George W. Gaiser, M. D. Coroner
 July 16, 19 29 (Address) Rayville
 *State the DISEASE CAUSING DEATH, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Ben. Alnutt (Address) Richmond 2110
 15. FILED July 17 29 E. E. Fay REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Thompson Cemetery DATE OF BURIAL July 17 19 29
 20. UNDERTAKER E. Thurman ADDRESS Richmond 2110



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Ray Registration District No. 744 File No. 63
 Township Richmond Primary Registration District No. 29.35- Registered No. 63
 City Richmond (No.) St. Ward)

2. FULL NAME

(a) Residence. No. Thomas Jefferson Gorham 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

FILED July 17 1929 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 29

17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... that I last saw him alive on 19... and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of base of skull from accidental fall from automobile in city of Richmond Mo. Ray County.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? DATE OF

1880 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) 216, M. D. 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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