

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

Do not use this space.

38896

1. PLACE OF DEATH

County Texas
Township Arant
City Emmelle (No.)

Registration District No. 1043
Primary Registration District No. 6141

File No.
Registered No. 5 St. Ward)

2. FULL NAME

Sally Ann Gaston

(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Joseph Gaston (dec)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping
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) London (STATE OR COUNTRY) Tenn.

13. NAME Evans

14. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Evans

16. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. W. H. Gaston
Emmelle Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Creek DATE Nov. 19...

19. UNDERTAKER (ADDRESS) Mrs. L. M. Wilhite

20. FILED Dec. 29 19... Mrs. L. M. Wilhite Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 4:00 19... to 19... Death is said

I last saw h. no medical service

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

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

Heart failure Date of onset

162

Other contributory causes of importance:

Age

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

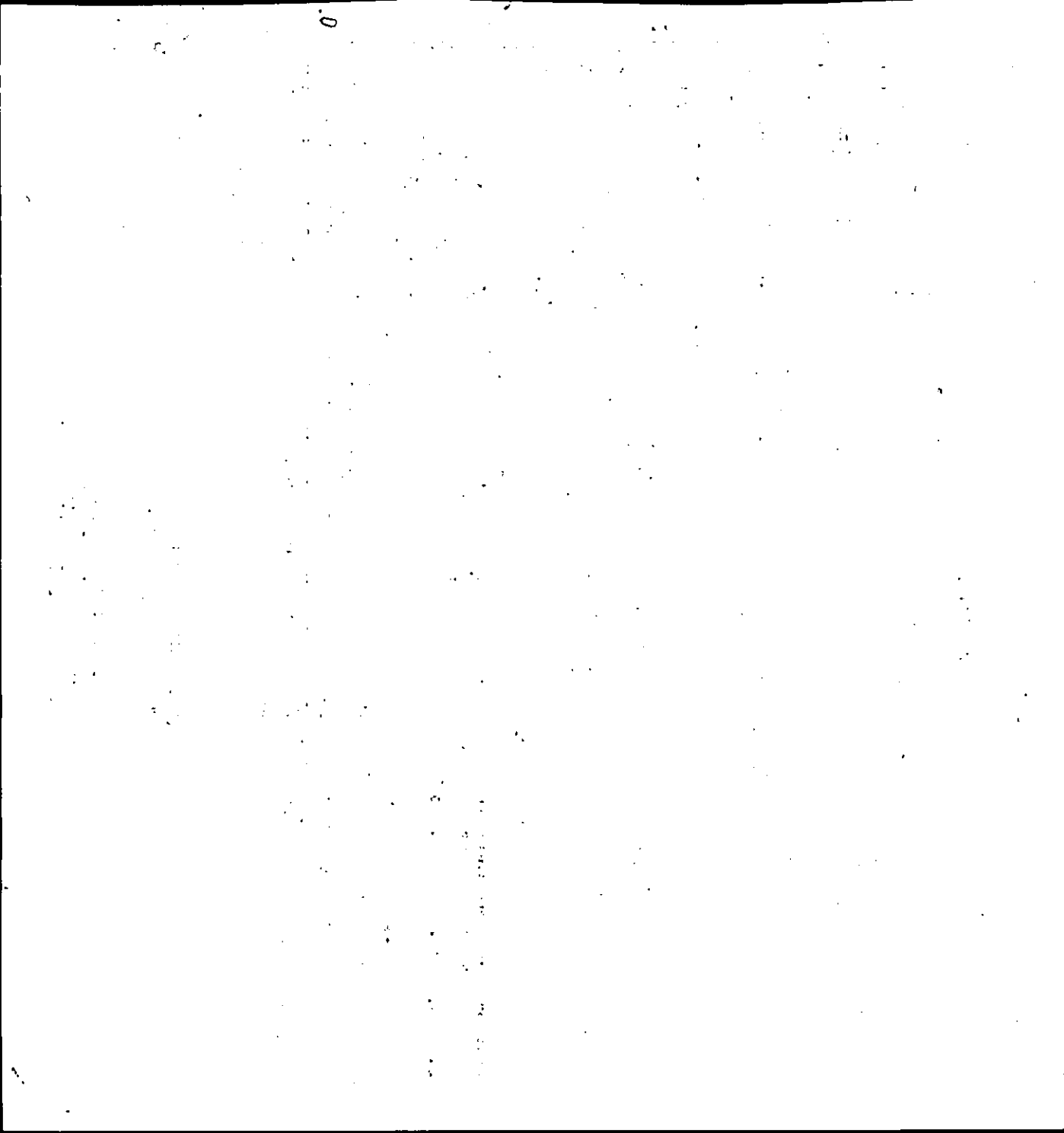
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Reed M. D.

(Address) Emmelle



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Texas
Township Ozark
City (No.)

Registration District No. 1043
Primary Registration District No. 6141

File No.
Registered No. 5
St. Ward

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1850

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Feb 13, 1934 Mr B M Willett Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR), 19

22. I HEREBY CERTIFY, That I attended deceased from, to, 19

I last saw him alive on, 19 Death is said to have occurred on the date stated above, at m.

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

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), M. D.

(Address)

SUPPLEMENTARY

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

S-38894