

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

Do not use this space.

26854

**PLACE OF DEATH**

County Dallas  
Township Milsons  
City St. Louis (No.       )

Registration District No. 247  
Primary Registration District No. 5343

File No.         
Registered No. 11  
St.        Ward       

**2. FULL NAME**

Susan Mable Gault

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

**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) Aug 13, 1926

7. AGE YEARS 1 MONTHS    DAYS 25 If LESS than 1 day,    hrs. or    min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) X  
(c) Name of employer       

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

PARENTS

10. NAME OF FATHER Evert Gault

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

12. MAIDEN NAME OF MOTHER Excellent Newhouse

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

14. INFORMANT Evert Gault  
(Address) Long Lane Mo.

15. FILED 9-10-1927  
J. D. Talbot REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1927, to Sept 6, 1927 that I last saw h. she alive on Sept 6, 1927, and that death occurred, on the date stated above, at 5:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cholera Infantum

CONTRIBUTORY (SECONDARY) 1130

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?       

18. DID AN OPERATION PRECEDE DEATH? 0 DATE OF       

WAS THERE AN AUTOPSY?       

WHAT TEST CONFIRMED DIAGNOSIS?       

(Signed) J. D. Talbot M. D.

\*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

Hill Cemetery 9-8 1927  
Jack Newport ADDRESS Buffalo Mo.

PHYSICIANS should state EXACTLY OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

JCT 60-1927

