

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.

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

Do not use this space.

36631

1. PLACE OF DEATH

County *Greene*
Township
City *Springfield* (No. *224 of Blvd.*)

Registration District No. *318*
Primary Registration District No. *224 of Blvd.*

File No. _____
Registered No. *805*
St. _____ Ward _____

2. FULL NAME

(a) Residence No. *224 of Blvd.* 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 *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Zula Gaston*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 24-1875*

7. AGE YEARS *53* MONTHS *5* DAYS *24* If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Galloway*
(STATE OR COUNTRY) *Mo. J.*

10. NAME OF FATHER *W.E. Gaston*

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

12. MAIDEN NAME OF MOTHER *Alice Steeds*

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

14. INFORMANT *W.L. Gaston*
(Address) *Springfield Mo.*

15. FILED *11-19-28* *Ch. Horst* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *11-18 1928*

17. I HEREBY CERTIFY That I attended deceased *18h* *Aug 6th* 1928, to *Nov 17th* 1928, and that I last saw him alive on *Nov 17th* 1928, and that death occurred, on the date stated above, at *7 A. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis with Coronary obstruction
Do not know (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) *Angina Pectoris* *1st attack Aug 8th 1928*
Sudden death with 4th attack (duration) *Nov 18th 1928*

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS *Ch. Steeds* (Signed) _____ M. D.
, 19 *318 College* (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 *Kelley Cemetery* DATE OF BURIAL *11-19 1928*

20. UNDERTAKER *Gask Mtd Co.* ADDRESS *Gask Mo.*

