

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

Do not use this space.

26870

1. PLACE OF DEATH

County Anderson Registration District No. 26
 Township Sutton Primary Registration District No. 3002
 City Waver (No. Johnson) St. _____ Ward _____

File No. _____
 Registered No. 104

2. FULL NAME

Ada Gauson
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

Female Black Married

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

Carl Gauson

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

Sept-15-1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>41</u>	<u>10</u>	<u>29</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-Keeping
 (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)

Utah

10. NAME OF FATHER _____

George Smith

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

MO

12. MAIDEN NAME OF MOTHER _____

Callie Bleck

MO

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

MO

14. INFORMANT _____ (Address)

Allen Mc Curry
Mexico, Mo.

15.

Aug 15th 1929 Ira S Milligan
 FILED _____ 1929 _____ REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1929

17. I HEREBY CERTIFY, That I attended deceased from _____ on July 27 1929 to _____ 1929 that I last saw her alive on July 27 1929, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Pulmonary tuberculosis

23A
93C (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED Mexico, Mo.
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
 (Signed) McCrush, M. D.

Aug 15, 1929 (Address) Mexico, Mo

*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 _____

Utah, Mo. Aug 16 1929
 20. UNDERTAKER H. A. Pucht & Son ADDRESS Mexico, Mo.

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.

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

