

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.

NOV 22 1930

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

Do not use this space.

32670

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Allen Campbell Primary Registration District No. 5439
City Springfield (No. B74) St. _____ Ward _____

File No. _____
Registered No. 777
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1217 E. Boone 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.

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) May 6 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Unknown

10. NAME OF FATHER Rufus Gasnell

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

12. MAIDEN NAME OF MOTHER Henegar

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

14. INFORMANT (Address) Mrs. M. B. Gasnell
Springfield

15. FILED 10-14-1930 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1930 to Oct 13 1930 that I last saw him alive on Oct 13 1930 and that death occurred, on the date stated above, at 6 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82H

(duration) 1 yrs. 1 mos. 2 ds.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. B. ... M. D.
10-14, 1930 (Address) 754 9 Elm

*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
Dayforth Cemetery Oct 15 1930

20. UNDERTAKER 4246. Court ADDRESS
Willingner & Co, Springfield Mo.

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