

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

Do not use this space.

3858

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 5959 Maple)

File No. ....  
Registered No. 1102  
St. .... Ward)

**2. FULL NAME**

Harry F. Gault  
(a) Residence, No. 5959 Maple St., 5 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 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) Oct. 15, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 3 12

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Mechanic 63  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer Wagner Electric Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

10. NAME OF FATHER Louisey Gault  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
12. MAIDEN NAME OF MOTHER Marjaret Peterson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT L. G. Gault  
(Address) 5959 Maple Ave.

15. FILED Jan 20 1931 Alex C. Walker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1931  
17. To Physician in attendance  
I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 2 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Illuminating Gas Poison  
(self administered) at residence  
1644 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) suicide (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS John J. ...  
(Signed) John J. ... Deputy Coroner

\*State the DISEASE CAUSING DEATH, on 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 Valhalla DATE OF BURIAL Jan 29 1931

20. UNDERTAKER Burial-Nicklaus ADDRESS 1238 N. 6

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

