

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

Do not use this space.

41811

PLACE OF DEATH

County Phelps
Township
City Rolla (No. _____) (Ward)

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 124

2. FULL NAME

Geo. Thomas Gusham

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 1st 1878</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>11</u>	DAYS <u>14th</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

Invald always.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1931

2. I HEREBY CERTIFY, That I attended deceased from about two yrs. 19____, 19____.

I last saw h alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 p.

The principal cause of death and related causes of importance were as follows:

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Chronic Interstitial nephritis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) V. Sidney McFarland M. D.
(Address) Rolla Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Mary Huskey</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Taylor Gusham</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dk.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. W. R. Baker</u> <u>Yancy mill</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pilot Knob Cem</u> DATE <u>12-16</u> 31
	19. UNDERTAKER (ADDRESS) <u>Taylor Huskey</u> <u>Yancy mill</u>
	20. FILED <u>Dec 16</u> 1931 <u>Jos. F. Cyers</u> Registrar.

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 very important.

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