

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

Do not use this space.

1463

**1. PLACE OF DEATH**

County Gasper  
Township Galeton  
City Gasper (No. \_\_\_\_\_)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 109 E. 9 St. D Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-32

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

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1932 to Jan 15 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About - 1872

I last saw him alive on Jan 15 1932 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 60

to have occurred on the date stated above, at 11-30A

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Suicide by rat poison Date of onset 1/15/32

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29/63A

(Antimony)

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: 163

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. D. Wilson, Gasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 1-16-32

19. UNDERTAKER (ADDRESS) W. H. ...

20. FILED Jan 17 1932 A. Benson Clark Registrar.

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? suicide Date of injury 1/15 1932

Where did injury occur? 109 E 9 St. Gasper (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in hotel

Manner of injury suicide

Nature of injury Rat poison

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Tom Simmons, M. D.

(Address) Gaspar, Gaspar, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

49  
7  
3  
FEB 24 1932

