

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

Do not use this space.

5094

**1. PLACE OF DEATH**

49 County Gasper Registration District No. 209  
Township Gasper Primary Registration District No. 4562  
City Gasper (No. 5561 B) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 27  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Garden Grove 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 M. 4. COLOR OR RACE W. 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) June 8, 1917  
7. AGE YEARS 14 MONTHS 8 DAYS 9 IF LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which saw mill, bank, etc. Student.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasper Mo.  
13. NAME Arthur King  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas  
15. MAIDEN NAME Mabel Rogers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska  
17. INFORMANT Mrs Mabel King  
(ADDRESS) Gasper Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 2-9-32  
19. UNDERTAKER Ward and Co  
(ADDRESS) Gasper Mo  
20. FILED 2-9-1932 WRB addi  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 32  
22. I HEREBY CERTIFY that I attended deceased from Feb 4 to Feb 6 1932  
I last saw him in bed on Feb 7 1932 Death is said to have occurred on the date stated above, at 10-45 P.  
The principal cause of death and related causes of importance were as follows:  
Fractured cervical vertebrae severing spinal cord  
2107  
Other contributory causes of importance: 310 (5)  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 2/6 1932  
Where did injury occur? Gasper Co. Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. on highway  
Manner of injury accident - two auto  
Nature of injury fractured vertebrae  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Ray G. Gammage M. D.  
(Address) Gasper Gaspar Co

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.

WAR 23 1932

