

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

Do not use this space.

5148

**1. PLACE OF DEATH**

County James Registration District No. 413  
 Township Central Primary Registration District No. 55590  
 City Waverly (No. 1) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 7

**2. FULL NAME**

Jason C. Gause  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>103</u>	<u>3</u>	<u>x</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired 11B  
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer 162  
 (c) Name of employer and minister

9. BIRTHPLACE (CITY OR TOWN) Canton  
 (STATE OR COUNTRY) Ohio 2

10. NAME OF FATHER Eli Gause

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

12. MAIDEN NAME OF MOTHER Martha Gause

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

14. INFORMANT John C. Gause  
 (Address) Joplin Mo.

15. FILED 226 1952 J. E. Weaver  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1932

17. I HEREBY CERTIFY that Jason C. Gause was born on Nov 25 1929 and that I last saw him alive on 3/25/32 1932, and that death occurred on the date stated above, at 19:30 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Senility + probably influenza (acute)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) HB  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED HB  
 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. H. Pearson M. D.  
 (Address) Joplin Mo.

\*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 Carterville Cem  
 DATE OF BURIAL 2/28 1932

20. UNDERTAKER W. B. City  
 ADDRESS W. B. City

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.

MAY 23 1932

