

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

Do not use this space.

19139

**1. PLACE OF DEATH**

35<sup>th</sup> County Dunklin  
Township Duggan  
City (No. ....) St. .... Ward)

Registration District No. 283  
Primary Registration District No. 5402

File No. ....  
Registered No. ....

**2. FULL NAME**

G. T. Gessco

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
78 0 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

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

10. NAME OF FATHER ATC

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ATC 31

12. MAIDEN NAME OF MOTHER ATC

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

14. INFORMANT E. B. Crump (Address) Conover 2nd RR

15. FILED 6/15 1932 Louise Walbert REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1932

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to June 15, 1932 that I last saw h. .... alive on June 15, 1932, and that death occurred, on the date stated above, at 11 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Senility - Paralysis  
82 D  
162

(duration) .... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH..... 1

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? .....

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) E. B. Crump M. D.

, 19 (Address) Conover 2nd RR

\*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 DATE OF BURIAL  
Conover County 6-16 1932

20. UNDERTAKER- ADDRESS  
Meches. & Co. Toragundam



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Hunklin  
Township Buffalo  
City G. T. Glasscock (No.       )

Registration District No. 283  
Primary Registration District No. 5402

File No.         
Registered No.        St.        Ward)       

**2. FULL NAME**

(a) Residence, No.        St.        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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

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

7. AGE YEARS MONTHS DAYS 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 work was done, as silk mill, saw mill, bank, etc.         
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)       

13. NAME       

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)       

15. MAIDEN NAME       

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)       

17. INFORMANT (ADDRESS)       

18. BURIAL, CREMATION, OR REMOVAL PLACE        DATE        19.       

19. UNDERTAKER (ADDRESS)       

20. FILED 10/5 1931 Lucie Walker Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from       , to       , 19      

I last saw him        alive on       , 19      . Death is said to have occurred on the date stated above, at        m.

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

Septicemia & embolism  
Unbranded  
Date of onset         
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)       , M. D.

(Address)       

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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