

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

Do not use this space.

20562

**1. PLACE OF DEATH**

91 County Ripley Registration District No. 750 File No. 1102  
 1 Township Nonpauhan Primary Registration District No. 7451 Registered No. 1102  
 1 City Nonpauhan (No. 7451) (Ward)

**2. FULL NAME**

George Washington Gist - 3rd  
 (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. 6 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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-11-1924

7. AGE YEARS 8 MONTHS 5 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 18

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

12. BIRTHPLACE (CITY OR TOWN) Dexter 2 (STATE OR COUNTRY) Kansas

13. NAME Geo. W. Gist

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

15. MAIDEN NAME Iris Page

16. BIRTHPLACE (CITY OR TOWN) Missouri 1 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Geo. W. Gist  
Nonpauhan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 6-18, 1932

19. UNDERTAKER (ADDRESS) Jordan  
Nonpauhan

20. FILED 6/18 19 32 E. D. Johnston  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from June 16, 1932, to June 16, 1932

I last saw him alive on \_\_\_\_\_, 1932 Death is said

to have occurred on the date stated above, at 12:00 P.M.

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

accidental death due to discharge of gun, two children were playing.

Other contributory causes of importance:

1840

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? accident Date of injury June 16, 1932

Where did injury occur? Nonpauhan Mo. (Specify city or town, county, and State)

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

Manner of injury Home accidental death

Nature of injury shot wound

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Clifford M. York, M. D.  
(Address) Nonpauhan Mo.

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.

27 1932

