

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

Do not use this space.

**1. PLACE OF DEATH**

10 County Boone  
Township Roskyfork  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 74  
Primary Registration District No. 5113

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Egva Helen Gaskins  
(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 male 4. COLOR OR RACE white 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) Oct. 14, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(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) Boone, Mo

**PARENTS**  
10. NAME OF FATHER John Gaskins  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Claremont, Mo  
12. MAIDEN NAME OF MOTHER Pearl Phoebe Murphy  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Claremont, Mo

14. INFORMANT John Gaskins  
(Address) Hallsville Mo RR-1

15. FILED 10-15-32 Mrs. F. L. Fawcett  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1932 to Oct 13, 1932 that I last saw him alive on Oct 13, 1932, and that death occurred, on the date stated above, at 6 a m.

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

Probably status lymphaticus

CONTRIBUTORY (SECONDARY) 67 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED (D)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) A. W. Kampauch M. D.  
10-15-1932 (Address) Claremont 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 Friends Church DATE OF BURIAL 10-16 1932

20. UNDERTAKER W. H. Vandewater ADDRESS Claremont Mo

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 21 1932

