

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

Do not use this space.

38844

1. PLACE OF DEATH

County Stoddard
Township Rock Creek
City Purcell Mo (No.)

Registration District No. 840
Primary Registration District No. 6102

File No.
Registered No. 33
St. Ward)

2. FULL NAME

William Oscar Gyger

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Fayer Mo

13. NAME Mr Franklin Gyger

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

15. MAIDEN NAME Margaret Shaw

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

17. INFORMANT Mr Gyger (ADDRESS) Purcell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Purcell Cemetery DATE 1933

19. UNDERTAKER The Mount White Store Co (ADDRESS) Purcell Mo

20. FILED 11/15 1933 E. K. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15-33 1933
22. ~~DOCTOR~~ I REBY CERTIFY, That I attended deceased from Nov 15, 1933, to Nov 15, 1933.
I last saw him alive on 11-15, 1933. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

~~Myocardial Infarction~~
Malarial Fever & Asthma
Other contributory causes of importance 38
38
117

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? NO
If so, specify
(Signed) W. S. Greatheart, M. D.
(Address) Purcell Mo

WRITE 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.

JAN 4 1934

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