

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

Do not use this space.

39799

AN 26 1934

**1. PLACE OF DEATH**

County Missouri  
Township Cassville  
City Springfield No. Wall St

Registration District No. 318  
Primary Registration District No. 2091

File No. \_\_\_\_\_  
Registered No. 929  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Gars</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 - 1858</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>			
	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) <u>Marshfield Mo.</u>				
MOTHER	13. NAME <u>Samuel H. Gars</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
	15. MAIDEN NAME <u>Julian Stearns</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>Eva Campbell</u> (ADDRESS) <u>332 Walnut Springfield Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sparta Mo.</u> DATE <u>1-1-34</u>				
19. UNDERTAKER <u>B. C. Klepper</u> (ADDRESS) <u>Clark, Mo.</u>				
20. FILED <u>12/30 1933</u> <u>Ralph W. Johnston</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933, to Dec 26, 1933  
I last saw him alive on 26, 1933. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Cardiovascular Renal disease - arterial math  
arteriosclerosis - arterial math  
Other contributory causes of importance:  
1. Hypertension 12-15-33

Name of operation none 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) Daniel L. Yancey, M. D.  
(Address) 214 N Jefferson

WRITE PLAINLY, WITH UNFRA...

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.

Items #12, 13, 14, 15, 16 amended by affidavit of granddaughter 2-1-91

APR 26 1934  
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3  
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CERTIFICATE OF DEATH

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39799

1. PLACE OF DEATH  
County Boone  
Township Campbell  
City Springfield  
Registration District No. 18  
Primary Registration District No. 2001  
Ward Wall St

File No. \_\_\_\_\_  
Registered No. 929  
Ward \_\_\_\_\_

2. FULL NAME Herman C. Gass  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode.)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Eona Gass

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 - 1958  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 3 5

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. minister  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at the occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marion, Mo.  
(STATE OR COUNTRY) Wright County, Mo.

13. NAME William H. Gass

14. BIRTHPLACE (CITY OR TOWN) Franklin County, Tn.  
(STATE OR COUNTRY) Tn.

15. MOTHER'S NAME Julia Ann Stephenson

16. BIRTHPLACE (CITY OR TOWN) Giles County, Tn.  
(STATE OR COUNTRY) Tn.

17. INFORMANT W. Campbell  
(ADDRESS) 322 Wall St Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL  
Place W. A. Gro. DATE 1-1-34

19. UNDERTAKER B. C. K. Keffner  
(ADDRESS) 214 N. Jefferson

20. FILED 12/30 1933 Ralph W. Johnston  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 to Dec 26  
I last saw him alive on 26 1933. Death is said to have occurred on the date stated above, at 3:45 p. m.

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

Cardiovascular Renal  
disorder - heart attack  
Intermyocardial - heart attack

Other contributory causes of importance:  
13.1 Hypertension 12-15-33  
93.0  
7.1

Name of operation none 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) Donal L. Yancey M. D.  
(Address) 214 N. Jefferson