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.

JUN 27 1934

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

Do not use this space.

19275

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No. 91
Township Washington — Primary Registration District No. 6162 — Registered No.
City (No. , St. Ward)

2. FULL NAME Zora Gasperson
(a) Residence, No. State Hospital #3 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: F
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) Sept 4, 1887
7. AGE: YEARS 46 — MONTHS 8 — DAYS 14 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME F. M. Shizzon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Lovina Gibbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) State Hospital #3 Nevada Mo.
18. BURIAL, CREMATION, OR REMOVAL Carthage Mo DATE 5 20 1934
19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo
20. FILED May 20 1934 W. M. Nunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934, to May 19, 1934
I last saw her alive on May 19, 1934. Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
958	
Acute cardiac decompensation	5/19/34
911	
9562	

Other contributory causes of importance:
Manic Depressive Psychosis

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Katherine Suyetoff Jordan, M. D.
(Address) State Hospital #3