

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

Do not use this space.

1. PLACE OF DEATH

County Cooper Registration District No. 411 File No. 20900
 Township Jefferson, Mo. Primary Registration District No. 2002 Registered No. _____
 City Jefferson, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 206 Byers Dr. 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 <u>Male</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beatrice Dingle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 - 1908</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>1</u>
	DAYS <u>13</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>Trax Office My</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Carrollville</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6 months 25</u>	11. Total time (years) spent in this occupation <u>25</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middleborough Massachusetts</u>		
FATHER	13. NAME <u>Max Gaski</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berkeley</u>	
MOTHER	15. MAIDEN NAME <u>Augusta Fabian</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk Iowa</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mary A. ...</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>at ... July 3, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Frank ...</u>		
20. FILED <u>6-30-34</u> 19 <u>34</u> <u>Ed ...</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934 to June 30, 1934
 I last saw him alive on June 30, 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Sclerosis Date of onset: _____
 Other contributory causes of importance: 870 81 h

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? NO
 If so, specify _____
 (Signed) W. Mitchell _____, M. D.
 (Address) 608 7th Ave. Clay, 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.

JUL 16 1934

