

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

Do not use this space

35916

NOV 20 1934

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 350 Ward _____

2. FULL NAME

William Van Gault
(a) Residence, No. 324 East Walnut 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Gault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 7 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Raytown Mo.

13. NAME James A. Gault

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

15. MAIDEN NAME Rebecca J. Flannery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raytown Mo.

17. INFORMANT Ada Gault
(ADDRESS) 324 East Walnut Indep.

18. BURIAL, CREMATION, OR REMOVAL Brooking Cem. DATE Oct 26 1934

19. UNDERTAKER W. H. Mitchell
(ADDRESS) Independence Mo.

20. FILED 10-26 1934 J. C. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1934

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Grenath wound of skull
(410 Shotgun)
Date of onset _____
Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 10/24, 1934

Where did injury occur? Independence
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury 410 Shotgun

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. H. Mitchell, M. D.

(Address) 823 1/2 S. Main St.

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.

