

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

Do not use this space.

6608

MAR 28 1935

1. PLACE OF DEATH

County St. Charles Registration District No. 760
 Township Wardensville Primary Registration District No. 6601
 City Bottswell (No.) St. Ward)

File No. 2
 Registered No. 11

2. FULL NAME Howard Ray Gass

(a) Residence, No. Bottswell Mo. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Gass.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1883.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52. 0 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Louis Car Co

10. Date deceased last worked at this occupation (month and year) Feb 12 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wandalia

13. NAME Howard Gass.

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

15. MAIDEN NAME Alice Shell.

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

17. INFORMANT Edith Gass. (ADDRESS) Bottswell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 2/15 1935

19. UNDERTAKER Wheeler Harris (ADDRESS) 1935 Union Springs

20. FILED 2/14 1935 W. C. Caldwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1935

22. I HEREBY CERTIFY, That I attended deceased from held inquest Feb 13, 1935

Last saw him alive on 15 Death is said to have occurred on the date stated above, at 12:45 m.

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

As a result of natural causes, probably coronary sclerosis or occlusion
 Date of onset Feb 12 1935

Other contributory causes of importance: None determined definitely, but probably acute in the nature of

Name of operation None Date of

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury, 19...

Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

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

If so, specify None
 (Signed) Will L. Freeman, M. D.
 (Address) St. Charles Mo. Coroner of St. Charles Co. Mo.

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.

Mr. L. L. Linn
Hewittville