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.

APR 16 1935

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

Do not use this space.

8506

1. PLACE OF DEATH
County Mcole
Township
City Jefferson (No. St. Mary's Hosp. St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 94

2. FULL NAME Dolores Maxine Gaston

(a) Residence, No. 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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 19, 1930

7. AGE: YEARS 4 | MONTHS 5 | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) East St. Louis Ill.

FATHER
13. NAME Walter E. Gaston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Gertrude Drinkuth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Walter E. Gaston Lakeside, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McGee, Ark. DATE Mar. 3 1935

19. UNDERTAKER (ADDRESS) Phillips Funeral Home Eldon, Mo.

20. FILED 3-2 1935 O. V. Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1935, to March 1, 1935
I last saw her alive on March 1, 1935 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
	211

Other contributory causes of importance: 210

Name of operation Date of
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mch 1, 1935
Where did injury occur? Miller County Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public highway
Manner of injury Fell out of moving car
Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. O. Shelton, M. D.
(Address) Eldon Mo