

FEB 5 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County AdairRegistration District No. 2Township MummaPrimary Registration District No. 5002City                      (No.                     )File No.                     Registered No. 1St.                      Ward                     

## 2. FULL NAME

John Samuel Gashwiler(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

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)Mattie Fisher

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 29 1889

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,                      hrs. or                      min.87729

OCCUPATION

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

Teacher

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

School

10. Date deceased last worked at this occupation (month and year)

Apr 1 193011. Total time (years) spent in this occupation 60

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

Reinick Kansas

## 13. NAME

Wm Rufus Gashwiler

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

Vernonia

## 15. MAIDEN NAME

Mary C Beade

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

Ind

## 17. INFORMANT

(ADDRESS)

JS Gashwiler Jr

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Norwager Cem

DATE

1/30

1937

## 19. UNDERTAKER

(ADDRESS)

Theravallyn & Son

## 20. FILED

1/29

1937

JS Gashwiler

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 28 1937

## 22. I HEREBY CERTIFY That I attended deceased from

Jan 25 1937, to Jan 28 1937I last saw him alive on Jan 25 1937 Death is saidto have occurred on the date stated above, at 5:00 m.

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

12 influenza

Date of onset

1-22-37

## Other contributory causes of importance:

Broncho Pneumonia1-27-37

## Name of operation

noneWhat test confirmed diagnosis? Clinical Date of                     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?

If so, specify

(Signed)

Asst. Secy

M. D.

(Address)

Marshall 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.

MARGIN RESERVED FOR BINDING

1-25-37

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