

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County Vernon Registration District No. 850
Township Clear Creek Primary Registration District No. 6169
City (No.) St. Ward)
2. FULL NAME William W Gausdon
(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.

File No. 17857
Registered No. 4

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 17 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 19
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer
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) St Clair Co mo

13. NAME Russell Gausdon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Martha Crad.

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

17. INFORMANT Golden Gausdon
(ADDRESS) Diederich Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE W Pleasant DATE April 7, 1937

19. UNDERTAKER Geo W Nakop
(ADDRESS) El Dorado Spgs mo.

20. FILED 4-7 1937 A. H. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1937

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

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 8:30 m.

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

Committed Suicide Date of onset
Shot self in head.

Other contributory causes of importance:

Del Heart 167

Name of operation none 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....., 19.....

Where did injury occur? In Home
(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 H

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

If so, specify.....

(Signed) W. E. Ferry Coroner, M. D.

(Address) Nevada mo

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.

