

JUN 25 1937

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

Do not use this space.

20960

1. PLACE OF DEATH

8¹ County Pettis
4. Township
City Sedalia

Registration District No. 668
Primary Registration District No. 3032
(No. 117 W. 7th)

File No. 170/172
Registered No. 668
St. _____ Ward _____

2. FULL NAME John P. Gass

(a) Residence, No. 117 W. 7th 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 9 23

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John Gass
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE May 26, 1937

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED 5-26-1937 Stewart Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1924 to May 24, 1937

I first saw him alive on May 24, 1937 Death is said to have occurred on the date stated above, at 9 A.M.

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

Chronic syphilis from capture Date of onset at birth

Other contributory causes of importance: 131
arterio-sclerosis 20
Chronic interstitial nephritis 100

Name of operation none Date of none
What test confirmed diagnosis? Chrom Was there an autopsy? Y

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? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Chas. W. ... M. D.
(Address) Sedalia 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.

