

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

Do not use this space.

6571

1. PLACE OF DEATH

County Hallam  
Township Jackson  
City Hongbent (No. ....)

Registration District No. 243  
Primary Registration District No. 8339

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Nancy Ann Gault 530  
(s) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. B. Gault</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19 - 1870</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>18</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	13. NAME <u>W. H. Cheek</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va</u>	
	15. MAIDEN NAME	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS) <u>Moul Gault</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wollard Cem</u> , DATE <u>2-8-38</u>	
	19. UNDERTAKER (ADDRESS) <u>H. B. Jones Buffalo Mo</u>	
20. FILED <u>2-11</u> 19 <u>38</u> <u>Miss J. H. Shewmaker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-38

22. I HEREBY CERTIFY, That I attended deceased from 2-5-38 1938, to just one lapse  
I last saw her alive on 2-5-38 1938 Death is said to have occurred on the date stated above, at 10:30 a m.  
The principal cause of death and related causes of importance were as follows:  
Enlarge heart - & cramp valve blocking. She probably died from heart exhaustion  
Date of onset

Other contributory causes of importance: 92 h

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) V. H. Shumwood M.D. M. D.  
(Address) Buffalo 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.

