REC'D MAR 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Mercer 114
Township: Milton Grove
City: ... No. ... St. ... Ward)

Registration District No. 908
Primary Registration District No. 6222

File No. 8487
Registered No. 185

2. FULL NAME: William Gasperson 216

(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 45 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: Elizabeth Gasperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1 1856

7. AGE: Years 81 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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): 4 yrs ago
11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co. Mo.

FATHER
13. NAME: Thomas Gasperson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Elizabeth Gasperson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Long Star DATE: 12-15-1937

19. UNDERTAKER (ADDRESS): Bolton Funeral Home 7th Grove 1110

20. FILED: 12-31-1937 Bernice Montgomery Registrar.
12-31-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1937 to Dec 1937
I last saw him alive on Dec 1937 Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Brain	

Other contributory causes of importance:
Arterial Sclerosis

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) L. D. Clay M. D.
(Address) Ulwood 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

BOM 22-30 X0314