

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

Do not use this space.

REC'D JAN 23 1939

2840

1. PLACE OF DEATH 2
 54 County Madison Registration District No. 466
 10 Township Clinton Primary Registration District No. 4279
 0 City Wellington No. _____ St. _____ Ward _____
 255
 2. FULL NAME John H. Gausman
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 May E. Gausman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 0 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car dealer and Garage man
 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) 1-8-1939 11. Total time (years) spent in this occupation 20
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co. Mo
 FATHER 13. NAME Jedrud Gausman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Christina Kuhlman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Edna Mae Koch
 (ADDRESS) 2049 Walnut Street, City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Van Cane Wellington 1-11-1939
 19. UNDERTAKER (ADDRESS) Queenings Funeral Home Wellington Mo
 20. FILED Jan 9 1939 F. W. Mann Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-8-1939 to 1-8-1939
 I last saw him alive on _____, 19____. 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:
Gun shot wound through head
 Date of onset 1/8/39
 Other contributory causes of importance: 167
 Name of operation _____ 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 1/8/39
 Where did injury occur? Wellington Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury 38 Cal. Pistol Wound through head
 Nature of injury Gun shot wound through mouth & throat
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) F. W. Mann M. D.
 (Address) 2705

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.

RECEIVED
District Health Officer No. 8
District File Number
1/19/39
Filed