

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

Do not use this space.

4832

**1. PLACE OF DEATH**

County Jackson Registration District No. 395 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1002 Registered No. 095  
 City H. C. Mo. (No. St. Joseph Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Gault, Mo. 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1902  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 5 23  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 151  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Becken  
 10. Date deceased last worked at this occupation (month and year) Dec 20 - 1931 11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speckhard, Mo.

MOTHER FATHER 13. NAME O. A. Snapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halt Rock, Mo

MOTHER 15. MAIDEN NAME Rhoda, Gariatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halt Rock, Mo.

17. INFORMANT Jarvita Gillespie  
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gault, Mo DATE Feb 20 1932

19. UNDERTAKER Mrs. Ed. Foster  
(ADDRESS) Meramec Valley, Mo.

20. FILED 2/20 1932 M. M. Crum  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 25 1931 to Feb 18 1932  
 I last saw her alive on Feb 18 1932 Death is said to have occurred on the date stated above, at 10:08 P.M.  
 The principal cause of death and related causes of importance were as follows:

General sepsis  
1399  
30 / 390  
 Other contributory causes of importance:  
Infected ovarian cyst 11/20/31  
 Date of onset 11/1/32

Name of operation operation for drainage of cyst  
 What test confirmed diagnosis? histology 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) W. A. Neal, M. D.  
 (Address) 736 Arty in Ke mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Argyle - Vi - 9581

837 W. 62 - Hi - 3791