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

Do not use this space.

File No. 23569
Registered No. 126

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 5178
City " " (No. So Cast Hospital St. Ward)

2. FULL NAME W E Gaar
(a) Residence, No. Kansas City 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: 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: Dont Know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May - 28 - 1891
7. AGE: YEARS 43 MONTHS 1 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodstock Tire Wks Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Chicago Ill

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hudson Louisiana

FATHER
13. NAME J E Gaar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

MOTHER
15. MAIDEN NAME Minnie Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT R E Gaar
(ADDRESS) St Louis Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE July - 23 1934
Kansas City Kansas
19. UNDERTAKER Hamann Funeral Home
(ADDRESS) Cape Girardeau Mo
20. FILED 7 - 21 - 1934 J M Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1934
22. I HEREBY CERTIFY, That I attended deceased from 7 - 18 1934, to 7 - 21 - 1934
I last saw him alive on 7 - 21 - 1934 Death is said to have occurred on the date stated above, at 12 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic S/ Lock	
Right & left Arm	
W/ Fx Vertebrae	
Infection	

Other contributory causes of importance:

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) M F Gholson, M. D.
(Address) Cape Girardeau 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

AUG 13 1934

FEB 16 1945

#2 Cape Girardeau

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: W. E. Gaar

Who died at _____ on July-21-1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single,~~ married, ~~widowed or divorced:~~ _____

Date of birth _____ Age: Years 43 Months 1 Days 23.

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Fracture of both right & left arm with bacillus infection.

Automobile accident — passenger of car that was drawn off highway.

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. M. Thompson Date filed 9/10/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh, M.D.

Special Agent.

Reg. Dist. No. 125

Primary Reg. Dist. No. 5178

S-23569