

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Frankford Registration District No. 688Township Permo Primary Registration District No. 4412City Frankford (No. Frankford) St. _____ Ward _____File No. 33047Registered No. 18

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Frankford St. _____ Ward 216

(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

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAlbert Gasberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

5-28-1875

7. AGE

YEARS

63

MONTHS

4

DAYS

0

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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

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

MO

13. NAME

Boone South

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MO

15. MAIDEN NAME

Nancy South

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MO

17. INFORMANT (ADDRESS)

Albert Gasberry Frankford

18. BURIAL, CREMATION, OR REMOVAL

PLACE Frankford DATE 10-2 1938

19. UNDERTAKER (ADDRESS)

Geo E Roberts Hamburg MO

20. FILED

Oct 5 1938 Mattie Unsell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 193822. I HEREBY CERTIFY, That I attended deceased from Oct 9 1938 to Sept 29 1938I last saw her alive on Sept 28 1938. Death is said to have occurred on the date stated above, at 11:12 PM.

The principal cause of death and related causes of importance were as follows:

Arthritis deformans

Date of onset

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 _____ 1938

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) OW. Goodspeed M. D.(Address) Frankford, MO

RECEIVED

District Health Officer No. 10

District File Number ..10-38-314

Date Filed ..10-8-38