

R. Appleton  
REC'D FEB 27 1939

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

3716  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 775  
 (b) Township Big River Primary Registration District No. 6019 Registered No. 5  
 (c) City North of Bonne Terre Mo. (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Jefferson Gausson  
 (a) Residence, No. North of Bonne Terre Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Saura Gausson (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>96</u>	<u>0</u>	<u>12</u>	

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

9. Industry or business in which work was done, as 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) Covington Kentucky

13. NAME Robert Gausson

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

15. MAIDEN NAME Sydia Cooksey

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

17. INFORMANT (ADDRESS) Saura Fetcherside Bonne Terre Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adams Cemetery DATE Jan. 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Benjamin Hub Co Bonne Terre MO

20. FILED Jan. 7 1939 N.W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1939

22. I HEREBY CERTIFY, that I attended deceased from Dec 28 1938 to Jan 5 1939

I last saw him alive on Dec 31 1938. Death is said to have occurred on the date stated above, at 2: A. m.

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

General Debility  
General arteriosclerosis  
Chronic myocarditis

Other contributory causes of importance: 92

Name of operation Cholec 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) R. Appleton M. D.  
Forneylan (Address) \_\_\_\_\_

CAUSE OF DEATH IN PLAIN terms, so that it may be properly classified. Exact statement of OCCUPATION as stated EXACTLY as supplied. If not fully supplied, it should be stated EXACTLY as supplied.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*A. J. Claywell*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*A. J. Claywell*

Licensed Embalmer No.

*3706*

P. O. Address

*Cornel Lewis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**