

Lin 119

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

30196 00

1. PLACE OF DEATH
 County Johnson Registration District No. 300 File No. _____
 Township Raw Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. St Joseph Hospital) St. _____ Ward _____

2. FULL NAME King Gould
 (a) Residence. No. _____ 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 Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Robert G. Gould

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept - 7 - 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
23 - 29

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Jess Brody

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polo
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Maud Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Princeton Mo
 (STATE OR COUNTRY) Mo

14. INFORMANT Robert G. Gould
 (Address) Chicago Ill

15. FILED 10-8-19 Eda James
 REGISTRAR Dej

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1919

17. I HEREBY CERTIFY, That I attended deceased from Sept 29th 1919, to Sept 6 1919, (that I last saw her alive on Sept 5, 1919), and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tumor of Cerebellum
Non-malignant
 (duration) yrs. 6 mos. ds.

CONTRIBUTORY Remains anemic
 (SECONDARY) (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, Out West

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Substantive
 (Signed) Edith, M. D.

16-7-1919 (Address) 2600 East 91

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Mo DATE OF BURIAL Oct 8 1919

20. UNDERTAKER John A. Mansel ADDRESS 2531 215

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

K. 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.

