

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

Do not use this space.

1. PLACE OF DEATH

County Newton
Township Newbo
City Newbo

Registration District No. 609
Primary Registration District No. 1363
(No. South Hamilton)

File No. 5748
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Bernard Lemuel Gooch

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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) Married

5A. IF MARRIED, HUSBAND OF Myrtle Gooch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 11 26

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

9. BIRTHPLACE (CITY OR TOWN) Franklin
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Barton Gooch

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

12. MAIDEN NAME OF MOTHER Virginia Ratch

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

14. INFORMANT Myrtle Gooch
(Address) Newbo Mo

15. FILED 3/3 1928 C. E. Maness
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 7 1928 to Feb 7 1928 that I last saw h. c. alive on Feb 6 1928, and that death occurred, on the date stated above, at 8:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Chronic Hypertension of Heart with extreme arteriosclerosis

CONTRIBUTORY (SECONDARY) acromegaly
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Rossberry M. D.
2-8 1928 (Address) Newbo, Mo.

*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.

19. PLACE OF BURIAL L.O.D.F. Cemetery DATE OF BURIAL 2-9 1928

20. UNDERTAKER Biggs ADDRESS Newbo

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.

MAR 20 1928

