

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

Do not use this space.

12462

1. PLACE OF DEATH

County Butler  
Township St. Francis  
City Poplar Bluff (No. 5133)

Registration District No. 990  
Primary Registration District No. 5133

File No.                       
Registered No. 3  
St.                      Ward                     

2. FULL NAME

Silke May Gossett

(a) Residence, No. R 710 #3 Poplar Bluff, Mo. 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

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
0 | 2 | 27

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Francis (STATE OR COUNTRY) Missouri

10. NAME OF FATHER L. S. Gossett

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

12. MAIDEN NAME OF MOTHER Edith Lialia

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

14. INFORMANT L. S. Gossett (Address) Poplar Bluff, Mo. #3

15. FILED 4/28 1928 M. W. Fall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/10, 1928, to 4/22, 1928, that I last saw her alive on 4/10, 1928, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Flu 11 A  
11 A 10 P  
(duration) yrs. mos. ds. 17  
CONTRIBUTORY (SECONDARY) Broncho Pneumonia  
(duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF                     

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) R. F. S. Taylor, M. D.

(Address) 424, 1928

\*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, CREMATION, OR REMOVAL Ham Town Cemetery DATE OF BURIAL 4/23 1928

20. UNDERTAKER W. Green Poplar Bluff Mo. ADDRESS

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

