

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

Do not use this space.

15669
15939

1. PLACE OF DEATH

County Asheuer
 Township Osage
 City David (No. 12)

Registration District No. 896
 Primary Registration District No. 6198

File No. _____
 Registered No. 17
 St. _____ Ward _____

2. FULL NAME

David R. Goss

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Goss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 | 4 | 13 | _____

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Asheuer Co. Mo

10. NAME OF FATHER Fred Goss

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

12. MAIDEN NAME OF MOTHER Eliza Pembroke

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

14. INFORMANT Laura Goss (Address) Marshfield Mo R4

15. FILED April 5, 1928 J.P. Bruce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1928 to April 6, 1928 that I last saw him alive on April 6, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY) 1/401 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH. _____

8. DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J.P. Bruce M. D. 4/6/28 (Address) Marshfield Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McClain DATE OF BURIAL 4/10 1928

20. UNDERTAKE H. M. Sora ADDRESS Marshfield

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.

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