

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Enterprise
City PO. Enterprise, Mo.

Registration District No. 497
Primary Registration District No. 5673

File No. 27814
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lucy Frances Gooch

(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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Charles Benjamin Gooch

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

April 30 - 1858

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>4</u>	<u>9</u>	

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)

Sumner Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

John Clarkson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Not known

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Sullivan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Not known

(STATE OR COUNTRY)

14.

INFORMANT (Address)

B. F. Gooch
3219 Wayne St. Kansas City Mo.

15.

FILED

8/11, 1928
W. L. McCreary
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 9 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to Aug 4, 1928, that I last saw him alive on Aug 4, 1928, and that death occurred, on the date stated above, at 2 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Senility - Mitral Regurgitation of heart -
92 years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

90 years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Genial Senility
(Signed) George C. Brownback, M.D.
, 19 Enterprise, Mo. (Address)

*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

DATE OF BURIAL

Gooch Cemetery Linn County Mo. Aug 11 1928

20. UNDERTAKER

ADDRESS

M. Y. Ruck Brookfield Mo.

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.

1928

JUL 3 1945