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

Do not use this space. 4941

1. PLACE OF DEATH
County: Schuyler
Township:
City: (No. St. Ward)
Registration District No. 803
Primary Registration District No. 6048
File No. 55
Registered No.

2. FULL NAME Jacob Gosser.
(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: 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 Elizabeth Gosser.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 22, 1851

7. AGE: Years 77 | Months 0 | Days 29 | If LESS than 1 day, hrs. or min.

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) Westmoreland, Co.
(STATE OR COUNTRY) Pa.

PARENTS
10. NAME OF FATHER Jacob Gosser.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Margaret Waltour.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa.

14. INFORMANT Mrs Elizabeth Gosser.
(Address) Glenwood, Mo.

15. FILED 2/2, 1929 George Rambo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 21st 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1929, to Jan 21st, 1929, that I last saw him alive on Jan 21st, 1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
107A
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) E. L. Cox, M. D
, 19 (Address) Moulton, Ia.

*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: Bethel Cemetery.
DATE OF BURIAL: Jan, 23, 1929
20. UNDERTAKER: John A Roberts
ADDRESS: Lancaster.

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.