MAY 27 1929

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

Do not use this space.

File No. 11384

Registered No.

1. PLACE OF DEATH
County: Lawrence
Township: ~~Mt~~ Hoberg
City: Hoberg Mo R.R. No. ..... St. ..... Ward)
Registration District No. 961
Primary Registration District No. 5633

2. FULL NAME Dora Lavina Gose

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED (write the word)~~
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	—	—	

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

9. BIRTHPLACE (CITY OR TOWN) Mt Vernon Mo
(STATE OR COUNTRY) Lawrence Co

PARENTS
10. NAME OF FATHER Lucas Sharp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arkansas
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lidia Lupin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas

14. INFORMANT T. Rayzor
(Address) Hoberg Mo

15. FILED 4/12 1929 E. S. Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 9, 1929, to Mch 9, 1929, that I last saw h. alive on March 9, 1929, and that death occurred, on the date stated above, at 1:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion complicated by Splanchnic congestion
12 hours (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1186 (duration) yrs. mos. ds.

1120

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) P. A. Holmes, M. D
May 10 1929 (Address) Mt Vernon

*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 Ozark Prairie (Brick House) — DATE OF BURIAL 3/10 1929

20. UNDERTAKER Geo. B. Dr — ADDRESS Mt Vernon

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. ALL ITEMS SHOULD BE ANSWERED. REPORT