

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

Do not use this space.

33093

1. PLACE OF DEATH
County **BUCELANAN** Registration District No. **85**
Township..... Primary Registration District No. **1001**
City **ST. JOSEPH** (No. **5505 S. FIRST ST.**)

File No.....
Registered No. **1257**
St. _____ Ward _____

2. FULL NAME **HENRY PRESTON GOBEN**
(a) Residence No. **5505 S. FIRST ST.** St. _____ Ward _____
(Usual place of abode) **23** (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 **MARY GOBEN**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **APR. 3, 1863**
7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
66 6 27
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **LABORER**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)
10. NAME OF FATHER **LEIGHTON GOBEN**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **DAVIS CO. MISSOURI** (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **UNKNOWN**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **UNKNOWN** (STATE OR COUNTRY)

14. INFORMANT **PRESTON GOBEN** (Address) **ST. JOSEPH MISSOURI**
15. FILED **Oct 31 1929** 19. **John G. [Signature]** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 30, 1929**
17. I HEREBY CERTIFY That I attended Deceased from **10-18-29** to **10/30/29** that I last saw him alive on **10/30/29**, and that death occurred, on the date stated above, at **6:55 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
468
97A Carcinoma of Stomach
unknown (duration) yrs. mos. ds.
CONTRIBUTORY **Chr. Endocarditis** (SECONDARY) **unknown** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? **468**
19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**
(Signed) **Ost. [Signature]**, M. D.
(Address) **107 1/2 W. Nook**

*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 **ODD FELLOWS CEM.** SITE OF BURIAL **Nov. 1, 1929**
20. UNDERTAKER **Fred D. Clark** ADDRESS **5025 King Hill Av.**

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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