99

NOV 26 1929

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

Do not use this space.

39353

1. PLACE OF DEATH

County: Scotland — Registration District No.: 811 — File No.: 1

Township: — Primary Registration District No.: 6059 — Registered No.: 7

City: (No. ..... St. ..... Ward)

2. FULL NAME Howard Gossey

(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: wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2/4/1885

7. AGE: Years 44 — Months 8 — Days 28 — 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) (STATE OR COUNTRY): Schuyler Co

PARENTS

10. NAME OF FATHER: Willard Gossey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Schuyler Co
12. MAIDEN NAME OF MOTHER: Fincher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Schuyler Co

14. INFORMANT: Mrs Willard Gossey
(Address): Downing Mo

15. FILED Nov 4, 1929 Idellee Burkhart, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/2/1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1929, to Nov 2, 1929, that I last saw him alive on Oct 22, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
abdominal Dropsy
95A

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Heart

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James A Mitchell, M. D.
, 19 (Address) Memphis Mo

*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: Downing — DATE OF BURIAL: 11/4/1929

20. UNDERTAKER: Kenayer & Bailey — ADDRESS: Cuttridge

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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requested to make every effort to
cated by check marks, lacking from the death certificate:

Name: Howard Gossey

Who died at: Scotland Co. on Nov. 21, 1929.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Abdominal Dropsy

Contributory: Heart,
Palpitation with Sense of Oppression.

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

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