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

Do not use this space.

540846

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.:

City: Kansas City (No. Midwest Hotel St. Ward)

2. FULL NAME: Seth E. Goss

(a) Residence. No. St., Ward. Eldorado, Kansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 25, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	0	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: not known
(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): Kansas

PARENTS

10. NAME OF FATHER: David Goss

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

12. MAIDEN NAME OF MOTHER: Mary Blystone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Pennsylvania

14. INFORMANT: Eva Goss
(Address): Eldorado, Kans.

15. FILED 12/21/1929 M. M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 21 1929

17. I HEREBY CERTIFY, That I attended deceased from December 13th, 1929, to December 21st, 1929, that I last saw him alive on December 20th, 1929, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
1.3 1

(duration) one yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. B. Swager, M. D.
12/21, 1929 (Address) 507 Bryant Bldg Kansas City 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: H. Scott, Kans.
DATE OF BURIAL: 12-21-1929

20. UNDERTAKER: Stine & McClure
ADDRESS: 3235 Gillham Blvd

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—THIS IS A PERMANENT RECORD