MAR 25 1930

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

Do not use this space.

1. PLACE OF DEATH
County: Boone
Registration District No.: 73
File No.: 4060
Township:
Primary Registration District No.: 3006
Registered No.: 19
City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: ~~Ada~~ Callie Gossett
(a) Residence. No. 304 Wilkes Ave 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Gossett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 11 1870

7. AGE: Years 59 | Months 9 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Estell Co
(STATE OR COUNTRY): Kentucky

PARENTS

10. NAME OF FATHER: Elmer Kennedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Rebecca Delp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): N. Carolina

14. INFORMANT: Mode Gossett X
(Address): 1202 Lakeview

15. FILED 2-5, 1930 Beatrice Grubbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1930, to Feb 4, 1930 that I last saw her alive on Jan 24, 1930 and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Arterio-Sclerosis~~
Nephritis Chronic
1311
77 (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
(duration) unknown 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? Lab & phys. Exam
(Signed) E. S. Barkett, M. D
2/5, 1930 (Address) Columbia 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: Prairie Grove
DATE OF BURIAL: Feb 5th 1930

20. UNDERTAKER: R O Willett
ADDRESS: Columbia