

MAY 28 1930

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

Do not use this space.

13836

1. PLACE OF DEATH

County St. Louis
Township Bouligona
City Meacham Park (No. St. Ward)

Registration District No. 785
Primary Registration District No. 6031

File No.
Registered No. 85

2. FULL NAME

Elisha Gooch

(a) Residence. No. Alsobrook 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Coed 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Abt. 60

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) Gardening
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Gooch

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

12. MAIDEN NAME OF MOTHER Anne Howell

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

14. INFORMANT Retta Logan
(Address) Meacham Park

15. FILED 579 19. 30 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 23rd 1930 to Apr 21st 1930 that I last saw h. alive on Apr 20th 1930, and that death occurred, on the date stated above, at 12:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cor Myocarditis
108
730
CONTRIBUTORY (SECONDARY) Lobar pneumonia (duration) 2 yrs. mos. ds.
6 ds.

18. WHERE WAS DISEASE CONTRACTED

1010
IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. H. G. Lewis M. D.
4/21 19 30 (Address) 2901 Market St

*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

Madison, Mo.

DATE OF BURIAL

Apr. 23, 1930

20. UNDERTAKER

J. H. Harrison

ADDRESS

2906 Lawton

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.

Rec'd P.