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.

AUG 7 1930

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

Do not use this space.

24085

1. PLACE OF DEATH

County: Ste Genevieve — Registration District No. 781 — File No.

Township: Bauvis — Primary Registration District No. 6027 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Loretta T. Goss

(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. 3 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)
Female	White	

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8-1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	12	

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

9. BIRTHPLACE (CITY OR TOWN) Rever Aux Vases
(STATE OR COUNTRY) St Genevieve County Mo

PARENTS

10. NAME OF FATHER Henry Goss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Genevieve
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary T. Joggerst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Genevieve County

14. INFORMANT Mary T Goss Mo
(Address) Rever aux Vases Mo

15. FILED 7/21 1930 Tobie Thomine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 13th, 1930, to July 20, 1930 that I last saw her alive on July 20 1930 and that death occurred, on the date stated above, at 12 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Marasmus.
1064
158 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis
(duration) yrs. mos. 4 ds.

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

(Signed) Arthur E Sexauer, M. D.
July 21, 1930 (Address) Ste Genevieve 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	DATE OF BURIAL
Vallespring Cemetery	July 21 1930
20. UNDERTAKER	ADDRESS
John Basler Ste Genevieve	Mo