NOV 26 1930

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

684

Do not use this space.

33784

1. PLACE OF DEATH
County Pike
Township Quivre
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 5912
Primary Registration District No. .....

File No. .....
Registered No. 35

2. FULL NAME C. L. Gooch

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-13th 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	8	12	

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) Pike Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER R. B. Gooch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Margaret A. Hendrix
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co
(STATE OR COUNTRY) Mo

14. INFORMANT Ray Gooch
(Address) Frankford

15. FILED 11/10 30 19 W F Summerhays REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-25 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-16 ....., 1930 to 10-25, 1930 that I last saw him alive on 10-16, 1930, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurysm of Aorta
96
..... (duration) unknown 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? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. H. Wilson, M. D.
, 19 (Address) Bowling Green 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: Bowling Green Cemetery
DATE OF BURIAL: 11-27-1930

20. UNDERTAKER: Grace Bankhead
ADDRESS: Bowling Green Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.