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

Do not use this space.

38643

JAN 19 1931

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 1382
Township — Primary Registration District No. 1001 — Registered No.
City St Joseph (No. 1717½ South 8th St. Ward)

2. FULL NAME Mollie Gooch
(a) Residence. No. 1717½ So. 8th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred about 20 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)
Female	Negro	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11-1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
55	3	16	

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

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Wells Francis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Ophelia Hayes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va
(STATE OR COUNTRY)

14. INFORMANT Carrie Tate
(Address) 1821 Messanie St

15. FILED DEC 30 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27- 1930

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion
118 (0)
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) none
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) B. W. Tadlock Coroner, M. D.
12/30, 19 30 (Address) 821 Francis

*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
King Hill Cem.	Dec 30/1930
20. UNDERTAKER	ADDRESS
Ramsey Funeral Service	9th & Olive

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.