

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

Do not use this space.

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1. PLACE OF DEATH

County Benton Registration District No. 64
Township Frislor Mo Primary Registration District No. 5700
City Frislor (No.) St. Ward)

File No.
Registered No. 2

2. FULL NAME

William C Goss

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Sybele Goss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV. 7-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). 171
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marionville
(STATE OR COUNTRY) Polk Co Missouri

10. NAME OF FATHER W C Goss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frislor Mo
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Matilda Bailey

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

14. INFORMANT Ed Shurgan
(Address) Warsaw Mo

15. FILED Jan 5, 1931 M. C. Watson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 2, 1931, that I last saw him alive on Jan 2, 1931, and that death occurred, on the date stated above, at 6:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
131

(duration) 2 yrs. mos. ds.
CONTRIBUTORY no history
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
131
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Int Edwards, M. D.

(Address) Cross Timbers

*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 Johnson Cemetery DATE OF BURIAL Jan 4, 1931

20. UNDERTAKER A M Ketchum ADDRESS Frislor 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.

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FEB 18 1931



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1976

1977