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.

APR 27 1931

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

Do not use this space.

12964

1. PLACE OF DEATH

County Vernon — Registration District No. 880 — File No.

Township Bluemound — Primary Registration District No. 6170 — Registered No. 7

City Walker (No. , St. Ward)

2. FULL NAME Chas. Lester Gough

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Emma Gough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2 1876

7. AGE: YEARS 55 — MONTHS 1 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Oct. 1931

11. Total time (years) spent in this occupation: all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Ill. 2

FATHER

13. NAME: John Gough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 1

MOTHER

15. MAIDEN NAME: Jessie Hummer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harper's Ferry Va. 2

17. INFORMANT (ADDRESS): Emma Gough Walker Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Schell City DATE 3/10 1931

19. UNDERTAKER (ADDRESS): O W Waggoner Harwood Mo.

20. FILED 3/20 1931 C B Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1930, to March 8 1931

I last saw him alive on March 6 1931. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
11A	Emphysema	Sept. 11 30
11B		

Other contributory causes of importance: "Flu" Sept 30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. H. Liston, M. D.

(Address) Nevada, Mo.