

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

Do not use this space.

21118  
428

**1. PLACE OF DEATH**

County Greene Registration District No. 3681  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. Springfield Baptist Hospital) Registered No.          Ward         

**2. FULL NAME**

(a) Residence, No. 276 St.          Ward           
 (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. (If nonresident, give city or town and State)

**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 Sella Gott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1867

7. AGE YEARS 63 MONTHS 7 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Springfield Water Co.  
 10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME Benj J. Gott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Sella Gott, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Laurel Cemetery DATE June 6, 1931

19. UNDERTAKER (ADDRESS) Woolfingery & Co, Springfield, Mo.

20. FILED 66 1931 For Sharp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1931

22. I HEREBY CERTIFY That I attended deceased from May 25, 1931 to June 4, 1931

I last saw him alive on June 4, 1931. Death is said to have occurred on the date stated above, at 11 p.m.

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

Carcinoma of Pueraria  
H&F 4/6/31  
 Other contributory causes of importance:         

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?           
 If so, specify         

(Signed) Walter Smyth M. D.  
 (Address) Springfield, Mo.

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. 24 1931

WRITE PLAINLY, WITH CAPITALS, IN INK—THIS IS A PERMANENT RECORD

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