

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No. 28160
Registered No. 268
St. Ward)

2. FULL NAME

Edward J. Gorsuch

(a) Residence. No. 1204 W Elm 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 Elizabeth Gorsuch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Dayton

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Abraham P. Gorsuch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Anna S. Arnold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Maryland

14.

INFORMANT

(Address)

Elizabeth Gorsuch
1204 W. Elm

15.

FILED

8-6-31 H. Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from to 1931.
that I last saw him alive on Aug. 5, 1931, and that death occurred, on the date stated above, at 11:18 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic Les. of Heart + terminal Phlebotomy Edema
131

95% (duration) 7 mos. 1 ds.

CONTRIBUTORY (SECONDARY)

Chr. Hypertension
from 1910 (duration) 2 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?

(Signed) W. H. Meyer M. D.

9-6-31 (Address) Independence, 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

DATE OF BURIAL

Mt. Washington Cem 8-8-1931

20. UNDERTAKER

ADDRESS

J. L. Latta 214 N. Spring

Independence, 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.

SEP 22 1931

