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.

23 1932

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 Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 71
City St. Joseph, (No. 3005 Penn St. Ward)

2. FULL NAME August (Gus) J. Gocke,
(a) Residence, No. 3005 Penn St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 47 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: Amelia Gocke,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 28, 1877
7. AGE: YEARS 54 — MONTHS 2 — DAYS 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Worker 44
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Works,
10. Date deceased last worked at this occupation (month and year) January 1932
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union Star, Missouri,

FATHER
13. NAME: August J. Gocke,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany,

MOTHER
15. MAIDEN NAME: Louise E. Snearley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania,

17. INFORMANT (ADDRESS): Mrs. A. J. Gocke 3005 Penn Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Jan'y. 23, 1932
19. UNDERTAKER (ADDRESS): Heaton Br Gale & Bowman 319 S. 10th St. Funeral Home
20. FILED 1/23 1932 John R. Bender KB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany. 20, 1932
22. I HEREBY CERTIFY, That I attended deceased from the year 1923, to January 20, 1932
I last saw him alive on January 20, 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis — Date of onset about ten years ago
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Other contributory causes of importance:
None
Name of operation none 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
1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Daniel Moorlou, M. D.
(Address) Kirkpatrick Building St Joseph Mo