

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

Do not use this space.  
**12962**

**1. PLACE OF DEATH**

County Joplin Registration District No. 411  
Township \_\_\_\_\_ Primary Registration District No. 2002  
City Joplin, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 1601 Grand Ave Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED mar.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E. Gook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 11 -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Reporter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Statistics 1911

10. Date deceased last worked at this occupation (month and year) Oct 31-31 11. Total time (years) spent in this occupation 50 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mine write Indiana

13. NAME John W. Gook

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

15. MAIDEN NAME Anna Little

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

17. INFORMANT Mrs. Ida E. Gook  
(ADDRESS) 1601 Grand Ave

18. BURIAL (REMOVAL) OR REMOVAL PLACE St. Mary's DATE Apr 24 1932

19. UNDERTAKER Frank-Siever Co  
(ADDRESS) Joplin Mo.

20. FILED 4/20 1932 Wm. Clark  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Apr 19, 1932

I last saw him alive on Apr 19, 1932 Death is said to have occurred on the date stated above, at 5:45 a.m.

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

chronic nephritis Date of onset Oct 1931  
write Myocarditis

Other contributory causes of importance:

Name of operation none Date of none

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) L. C. Gougeon, M. D.

(Address) Joplin, 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.

MAY 25 1932

