

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

Do not use this space.

22568

1. PLACE OF DEATH

39 County Greene Registration District No. 320
Township Center Primary Registration District No. 3443
City ✓ (No. _____) St. _____ Ward _____

2. FULL NAME

Andrew James Gouty
(a) Residence, No. Basis Star Mo. St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 73 yrs. 10 mos. 22 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 Minnie Gouty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1858
7. AGE YEARS 73 MONTHS 10 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm & Dairy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 7-2-1932 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon Co. Missouri

13. NAME Zachariah Gouty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 8

15. MAIDEN NAME Minerva Craig

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

17. INFORMANT Amanda Browner
(ADDRESS) Basis Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek Co. DATE 7-6-32

19. UNDERTAKER Repton & Royal
(ADDRESS) Basis Star, Mo.

20. FILED 7/6/32 1932 W. E. Royal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-10-1929, to 7-5-1932

I last saw him alive on 7-5-1932, Death is said to have occurred on the date stated above, at _____ m.

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

Central Nerve
Causing
131 Nerve plexus
131
Other contributory causes of importance: Interstitial Nephritis

Name of operation none Date of _____

What test confirmed diagnosis? None Was there an autopsy? no

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) W. E. Royal, M. D.

(Address) Basis Star, 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.

APR 23 1932

