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

Do not use this space.

85

38495

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

Registration District No.
Primary Registration District No. 1001
File No.
Registered No. 1211

2. FULL NAME Kosciusko Gougar,

(a) Residence, No. 123 South 9th, St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 21 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF N. J. Gougar,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	Unk.	Unk.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspapers
10. Date deceased last worked at this occupation (month and year) Dec. 1932
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown, 31

FATHER
13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

17. INFORMANT Mo. Methodist Hosp. Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Dec. 15, 1932

19. UNDERTAKER Sexton Beckole & Brumm
(ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED DEC 14 1932 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1932, to Dec. 5, 1932
I last saw him alive on Dec. 4, 1932. Death is said to have occurred on the date stated above, at 1:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate gland	unknown
31C	
29	

Other contributory causes of importance:
Diabetes mellitus

Name of operation None Date of —
What test confirmed diagnosis? Ex. & Lab. 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) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg. St. Joseph, Mo.

Dr Werner