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.

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

Do not use this space.

39900

1. PLACE OF DEATH
County Jackson Registration District No. 3 3 9
Township Raw Primary Registration District No. 3 9 0 8
City K. C. Mo. (No. 3338 Cleveland St. Ward)

File No.
Registered No. 4908

2. FULL NAME Tina E. Gooch
(a) Residence, No. 3338 Cleveland St., 14 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 Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ephraim Gooch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29-1847
7. AGE YEARS 85 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. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgeport Canada 5

FATHER
13. NAME P. J. Tagge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Mary L. Dobbin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

17. INFORMANT (ADDRESS) Tagge Gooch 3338 Cleveland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Denver Colorado DATE 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster

20. FILED Dec 22, 1932 M. M. Crouse Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932, to Dec 31, 1932
I last saw her alive on Dec. 21, 1932. Death is said to have occurred on the date stated above, at 11 N 4 m.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis with Arteriosclerosis of more than five years standing, with high blood pressure.

Date of onset

Other contributory causes of importance:

Name of operation 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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur A. Hobbs, M. D.
(Address) 3321 E 30

30 + Indiana

5 30 pm -

3321-E-30.