

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

Do not use this space.

39608

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.

JAN 26 1934
30

1. PLACE OF DEATH

County Dallas
Township Wilson
City Long Lake (No.)

Registration District No. 247
Primary Registration District No. 15343

File No.
Registered No. 21
St. Ward)

2. FULL NAME

(a) Residence, No. St. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George B. Goldsby</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-16-1859</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>74</u>	<u>2</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	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.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kunkinville Mo</u>			
	13. NAME <u>Calvin Little</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Winkerson</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kunkinville Mo</u>			
	17. INFORMANT (ADDRESS) <u>George Goldsby Long Lake</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tracy</u> DATE <u>Dec-27-33</u>				
19. UNDERTAKER (ADDRESS) <u>L. Brown Buffalo Mo</u>				
20. FILED <u>1-10-34</u> Registrar.				

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-27-1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec 24, 1933 to, 19...
I last saw her alive on Dec 24, 19...33 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Anterior Sclerotic Date of onset
UNK
5259
1931
Other contributory causes of importance:
Cerebral Hemorrhage Date of onset
12-17-33

(Name of operation)..... Date of.....
What test confirmed diagnosis? usual 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) G. H. Plummer, M. D.
(Address) Buffalo Mo.

