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.

MAR 24 1934

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

Do not use this space.

6101

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township Marion — Primary Registration District No. 5900 — Registered No. 16
City (No. St. Ward)

2. FULL NAME Angel Goggletti
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not Known
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not Known
7. AGE YEARS 70 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house Keeper
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) France

FATHER
13. NAME not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

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

17. INFORMANT (ADDRESS) Jake Hocker
18. BURIAL, CREMATION, OR REMOVAL
PLACE Co Farm DATE Feb 24 1934
19. UNDERTAKER (ADDRESS) Hutcheson-Blue
20. FILED 2-24-1934 J F Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934, to Feb 23 1934
I last saw her alive on Feb 17 1934. Death is said to have occurred on the date stated above, at yes m.
The principal cause of death and related causes of importance were as follows:
Traumatic Pneumonia caused by fall from window & with suicidal intent
Date of onset 2-10-34
Other contributory causes of importance:
169
Name of operation Date of
What test confirmed diagnosis? Clinical 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 Feb 1 1934
Where did injury occur? County Farm Fall Como (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Fall from 2nd story
Nature of injury Gen trauma

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas H Brown, M. D.
(Address) Fair Play Mo