

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

Do not use this space.
File No. 13976
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Charles Registration District No. 206
Township Portage des Sioux Primary Registration District No. 6994
City _____ (No. Portage des Sioux 2nd St. _____ Ward _____)

2. FULL NAME Henry Gose

(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>M.</u>	4. COLOR OR RACE <u>W.</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>Sophie Gerke Gose</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 11 - 1846</u>				
7. AGE	YEARS <u>88</u>	MONTHS <u>1</u>	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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 _____			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Fritz Gose

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elisava Depake

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Henry Gose
(ADDRESS) Portage des Sioux 2nd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brussels Ill DATE July 1 1934

19. UNDERTAKER H. D. ...
(ADDRESS) 800 N. 3rd St. St. Charles Mo

20. FILED May 29 1934 C. A. Barnard
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1934

I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to April 29 1934
I last saw him alive on April 29 1934 Death is said to have occurred on the date stated above, at 99 m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset 1925
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Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Chemical 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) C. A. Barnard M. D.
(Address) Portage des Sioux 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.

JUN 26 1934

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