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.

SEP 6 1934

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 316 — File No. 28919
Township Boone — Primary Registration District No. 5435 — Registered No.
City (No. St. Ward)

2. FULL NAME Sarah Velina Gouty
(a) Residence, No. Ash Grove Mo. St. R. 4 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. R. Gouty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/22/1854
7. AGE: YEARS 79 — MONTHS 9 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Homewife
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): Dade Co. Mo

FATHER
13. NAME: James G. Grantham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

MOTHER
15. MAIDEN NAME: Elizabeth Robertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): x Elizabeth M Gouty Ash Grove Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ash Grove Mo DATE 8/25 1934
19. UNDERTAKER (ADDRESS): Trogdon-Morris-Leiman Ash Grove Mo
20. FILED 8/25 1934 Mrs Leonard Jones Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/23, 1934
22. I HEREBY CERTIFY, That I attended deceased from for past 5 yrs 19.., to aug 23, 1934
I last saw her alive on aug 23, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary carcinoma of Stomach.	
5	
6	

Other contributory causes of importance:
Primary carcinoma of Right Breast.

Name of operation: none — 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, 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) Charles H McHaffie, M. D.
(Address) Ash Grove Mo.