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 17 [illegible]

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

Do not use this space.

29980

File No. .....

Registered No. 25

1. PLACE OF DEATH

58 County Linn — Registration District No. 500

4 Township Jefferson — Primary Registration District No. 4303

3 City LaClede (No. ..... St. ..... Ward)

2. FULL NAME Anna Marie Gooch

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1933

7. AGE — YEARS: — MONTHS: 8 — 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. .....

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) LaClede Missouri

FATHER

13. NAME Wallace L. Gooch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Purdin Missouri

MOTHER

15. MAIDEN NAME Marguerite Harbaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaClede Mo

17. INFORMANT (ADDRESS) Mrs Linn Gooch LaClede Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE LaClede Mo DATE Aug 5, 1934

19. UNDERTAKER (ADDRESS) W G Thorne LaClede Mo

20. FILED Aug 15, 1934 Geo O Plowman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to Aug 4, 1934

I last saw her alive on Aug 4, 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

59

59

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) J. A. Carrico DO, M.D.

(Address) Linneus, Mo