SEP 28 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No. 32033
Township — Primary Registration District No. — Registered No. 1079
City St. Joseph (No. — Mo Meth Hosp St. — Ward)

2. FULL NAME Henry Francis Goss
(a) Residence. No. ~~Mo Meth Hosp~~ St., Ward. Troy, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 hour mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Wm. Faulconer

9. BIRTHPLACE (CITY OR TOWN) Troy
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Henry Francis Goss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Troy
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Sarah Adeline Dittemore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT Edith Alice Goss
(Address) Troy, Kansas

15. FILED 9-20 1934 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1934

17. I HEREBY CERTIFY, That I attended deceased from Sept 19 1934, to Sept 15, 1934 that I last saw him alive on Sept 19, 1934, and that death occurred, on the date stated above, at 7:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun shot wound of brain Suicidal
167
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 167
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Shot himself at his home, Troy Kans
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. S. Forgrave, M. D.
, 19 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. ~~PLACE OF BURIAL, CREMATION,~~ OR REMOVAL	DATE OF BURIAL
Troy Kansas	Sept 14 1934
20. UNDERTAKER	ADDRESS
E. F. Karr	Troy Kans

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.

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1934 - 9 - 19

1890 - 1 - 27 -

44 - 7 - 22