

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.

OCT 17 1934

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

Do not use this space.

32982

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 1002 Registered No. 4320
City Kansas City (No. Research Hospital) St. 4320 Ward _____

2. FULL NAME Ellen T. Goss

(a) Residence, No. 2915 Olive St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 11, 1848</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>10</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>At Home</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) <u>Nashvell Tenn.</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>John Dennes Goss</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Baltimore My.</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Elizabeth Buir</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Nashville Tenn</u> (STATE OR COUNTRY)	
	17. INFORMANT <u>Ervin Bläckmore</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edenwood Cemetery</u> DATE <u>Sept 24</u> 19 <u>34</u>		
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. Linwood</u>		
20. FILED <u>9-24-34</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934 to Sept 22 1934
I last saw h. in alive on Sept 22 1934 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Acute coronary heart failure
Chronic myocarditis
Coronary atherosclerosis
arteriosclerosis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What that confirmed diagnosis? Sol Was there an autopsy? Yes

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) Robert P. Buchanan M. D.
(Address) 1024 Professional Bldg.

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Pro. C. ...

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