

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.

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

NOV 22 1934

Do not use this space.  
File No. 40361  
Registered No. 42  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Platte  
Township Fair  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 696  
Primary Registration District No. 5925

2. FULL NAME Marie Goss

(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>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Retired</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Barr</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22-1892</u>				
7. AGE - YEARS <u>42</u>	MONTHS <u>8</u>	DAYS <u>19</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>Fireman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stationary engine</u>			
	10. Date deceased last worked at this occupation (month and year) <u>7-3-32</u>		11. Total time (years) spent in this occupation <u>10 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster Co. Mo.</u>				
FATHER	13. NAME <u>unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
	15. MAIDEN NAME <u>Mollie F. Goss</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster Co. Mo.</u>			
	17. INFORMANT <u>Glen Shockley</u> (ADDRESS) <u>Springfield, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield, Mo.</u> DATE <u>11-14-1934</u>				
19. UNDERTAKER <u>P. P. Pollock</u> (ADDRESS) <u>Springfield, Mo.</u>				
20. FILED <u>11-16-34</u> <u>Mrs. Fannie E. Murray</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from never, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on never, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Functured Lung & High Chest Date of onset 11/11/34

Other contributory causes of importance:  
710

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 11/11/1934  
Where did injury occur? U.S. Highway 71, Platte Co.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
U.S. Highway

Manner of injury Automobile accident  
Nature of injury mechanical suffocation

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) S. P. Dushan  
(Address) Deaton No. Crown City, Mo.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Platte  
Township .....  
City (No. ....) St. .... Ward .....

Registration District No. 696  
Primary Registration District No. 5925

File No. 40361  
Registered No. ....

**2. FULL NAME**

Marie Goss

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 8 19

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

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

Date of onset

Auto accident  
penetrated lung &  
crushed chest. Automobile  
deceased was riding in truck

Other contributory causes of importance:

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 11-16, 1934 Mrs Francis E Murray Registrar.

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?.....

If so, specify

(Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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MAR 26 1935

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