

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

Do not use this space.

3988

MAR 4 1935

1. PLACE OF DEATH

County Schuyler
Township Prarie
City Near Queensity (No., St. Ward)

Registration District No. 806
Primary Registration District No. 6052

File No.
Registered No.

2. FULL NAME Caroline L. Gosser

(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 2 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*) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marvel Gosser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. House Wife
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) Near Queensity Mo.

FATHER 13. NAME Fred Baitty

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

MOTHER 15. MAIDEN NAME Leona Lind

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

17. INFORMANT Marvel Gosser Queensity Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Queensity Cem- DATE Jan, 30 1935

19. UNDERTAKER Wm O Nest Queensity Mo
(ADDRESS)

20. FILED Jan 30, 1935 J. T. JAMES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1935

22. I HEREBY CERTIFY, that I attended deceased from Jan 18 1935, to Jan 28 1935.
I last saw her alive on Jan 28 1935. Death is said to have occurred on the date stated above, at 5:45 P m.

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

Acute Myocarditis. Date of onset Jan 25.

Other contributory causes of importance: Tuberc Pneumonia Jan 18.

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? 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) O. P. Green DO
(Address) Queen City Mo.

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

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