JUN 18 1935

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

Do not use this space.

15494

**1. PLACE OF DEATH**

4 County Audrain — Registration District No. 26 — File No.

4 Township ~~xxxxxxxx~~ — Primary Registration District No. 3042 — Registered No. 75

7 City Mexico Mo (No. ..... , ..... St. ..... Ward)

**2. FULL NAME** Walker Gould

(a) Residence, No. 421 E. Bolivar St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 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) |
|---|---|---|
| Male | Colored | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/25/1894

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 41 | 1 | 20 | |

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. General Labor

10. Date deceased last worked at this occupation (month and year) January 1, 1935

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Mose Gould

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

MOTHER

15. MAIDEN NAME Lila Garnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo

17. INFORMANT (ADDRESS) Mrs Minnie Gould 421 E Bolivar

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Cemetery DATE 5 - 19 - 1935

19. UNDERTAKER (ADDRESS) A L Reynolds Jr Mexico Mo

20. FILED May 19 1935 Blanche Neely Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-3-, 1934, to 5-15, 1935

I last saw him alive on 5-15, 1935. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Milliary Tuberculosis

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) H. J. Ector, M. D.

(Address) Mexico, Mo

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.

100M-11-24-33