

WHITE PAPER, 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.

JUN 19 1935

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

Do not use this space.

15797

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township _____ Primary Registration District No. 3099
City Cape Girardeau (No. 1004) Spickery St. _____ Ward _____
Registered No. 139

2. FULL NAME David Elmore Goss
(a) Residence, No. 1004 Spickery St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1899
7. AGE YEARS 35 MONTHS 9 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Jonestown, Pa.
13. NAME Philip G. Goss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Pennsylvania
15. MAIDEN NAME Emma Scharf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union County, Pa.
17. INFORMANT (ADDRESS) Cape Girardeau, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Formed Cemetery DATE May 27, 1935
19. UNDERTAKER (ADDRESS) Longberg Funeral & Undertaking Co. Cape Girardeau, Mo.
20. FILED 5-25-1935 J. M. Ferguson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1935 to May 25, 1935
I last saw him alive on Feb. 25, 1935 Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1927
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Ray & Rice 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? No
If so, specify _____
(Signed) George O. Shaffer, M. D.
(Address) Cape Girardeau, Mo.

