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.

SEP 2 5 1935

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

Do not use this space.

26518

File No.

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 188

Township Kaw Primary Registration District No. 1002

City Kansas City, Mo. (No. 1012 East 9th St. St. Ward)

2. FULL NAME Mrs. Rachel Goucher

(a) Residence, No. 1012 East 9th St. 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 11, 1866

7. AGE: Years 69 | Months 7 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Iowa

FATHER

13. NAME: Chas. Oswalt

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

MOTHER

15. MAIDEN NAME: Devora Gween

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

17. INFORMANT: Claude Goucher
(ADDRESS) 1012 East 9th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Aug. 27-35, 19

19. UNDERTAKER: C. H. Blackman & Son, Inc.
(ADDRESS) ~~2335 Indep. Blvd. K.C. Mo.~~

20. FILED 8-19, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 17-35, 19

22. I HEREBY CERTIFY That I attended deceased from July 18, 1935, to August 17, 1935. I last saw her alive on August 17, 1935. Death is said to have occurred on the date stated above, at 6:45 m. PM

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

	Date of onset
Cancer of the liver	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? No 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) Paul C. Pfatt, M. D.

(Address) 925 Argyle Bldg. Kansas City, Mo.

Argyle