DEC 13 1935

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

Do not use this space.

35018

File No. .....

Registered No. 213

1. PLACE OF DEATH

County Adair — Registration District No. 4

Township ..... — Primary Registration District No. 3001

City Kirksville, Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME William Edward Gooch

(a) Residence, No. Novinger, Missouri St., ... Ward. Novinger Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 29, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
23	23	8	14	

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civilian Conservation Co.

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) Novinger, Missouri

FATHER

13. NAME John Gooch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitrock, Missouri

MOTHER

15. MAIDEN NAME Lenora Terrill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County, Missouri

17. INFORMANT Mrs. John Gooch (ADDRESS) Novinger, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger, Mo. DATE Nov. 13, 1935

19. UNDERTAKER Llewellyn (ADDRESS) Novinger, Missouri

20. FILED Nov. 13, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1935, to Nov 12, 1935

I last saw him alive on Nov. 12, 1935. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

	Date of onset
Head Injury - Auto accident	
Skull fractured & exposed	
Brain substance	11-11-35

Other contributory causes of importance:

Broken nose & injured neck

Name of operation — None Date of .....

What test confirmed diagnosis? Examination 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, 1935

Where did injury occur? 3 miles south of Unionville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Mo State Highway #5

Manner of injury — Was passenger in car that hit truck.

Nature of injury — Fractured skull & brain injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George E. Gunn, M. D.

(Address) Kirksville, Missouri

MARGIN RESERVED FOR BINDING

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.

FORM NO. 2 10M-3-28-35