DEC 16 1935

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

Do not use this space.

35327

File No.
Registered No. 11

1. PLACE OF DEATH

County: Butler — Registration District No. 990

Township: St Francsis — Primary Registration District No. 5135

City: Poplar Bluff, Mo (No. R.R. #3, St. Ward)

2. FULL NAME Loranza D Gossett

(a) Residence, No. 7 Miles N East Poplar Bluff, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	0	0	

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.: Farmer
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): Unknown, Kentucky

FATHER

13. NAME: Henry Gossett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky

MOTHER

15. MAIDEN NAME: Lizzie Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky

17. INFORMANT (ADDRESS): Neal Carmack, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Ham Town Cem
PLACE: Poplar Bluff, Mo DATE: Nov 30, 1935

19. UNDERTAKER (ADDRESS): Frank Und Co., Poplar Bluff, Mo.

20. FILED: Dec 4, 1935 — M. Zoll, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935, to Nov. 28, 1935; I last saw him alive on Sept. 12, 1935. Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Carcinoma of Stomach	6-35
Other contributory causes of importance:	
Myocarditis, Chronic	?

Name of operation — Date of —

What test confirmed diagnosis? Clinical. 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) J. Lyter Harwell, M. D.
(Address) Poplar Bluff, 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.