

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

Do not use this space.

40814

JAN 20 1936

1. PLACE OF DEATH

County St. Francois

Township St. Francois

Near City Farmington, Mo. (No. _____)

Registration District No. 773

Primary Registration District No. 60184

File No. _____

Registered No. 8

2. FULL NAME Alfred G. Gosting, Jr.

(a) Residence, No. Richmond Heights, Mo. St. _____ Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>11</u>	<u>19</u>	

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. _____

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) Strawberry Point Iowa

13. NAME Alfred G. Gosting

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

15. MAIDEN NAME Marie Anna Guesin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE 12-21-35

19. UNDERTAKER Cozean Undertaking Co.
(ADDRESS) Farmington, Mo.

20. FILED Jan 17, 1936 J. J. Robinson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20, 19 35

22. I HEREBY CERTIFY, That I attended deceased from 2-19-32, 19____, to 12-20-35, 19____

I last saw him alive on 12-20-35, 19____. Death is said to have occurred on the date stated above, at 10:45 A.M.

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

Left Inguinal Hernia completely with incarceration (Yrs.) (Terminal sudden cardiac failure) Date of onset _____

Other contributory causes of importance:
Hypertension - Chronic Myocarditis, Chronic nephritis, hypertrophy of prostate, mental deficiency.

Name of operation Herniorrhaphy Date of 12-16-35
What test confirmed diagnosis? Clin & Lab 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? None
(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) E. Tivis Graves, Jr., M. D.
(Address) Farmington, Mo. State Hospital #4

N. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-8-35

