FEB 24 1936

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

Do not use this space.

2667

1. PLACE OF DEATH
County St Charles — Registration District No. 756 — File No.
Township Portage — Primary Registration District No. 5927 — Registered No.
City (No. , St. Ward)

2. FULL NAME Mrs Sophia Gose
(a) Residence, No. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 12th, 1852

7. AGE: YEARS 83 — MONTHS 5 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Germany

FATHER
13. NAME: George Gerke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Christine Wienecke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Minnie Gose St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun Co, Ill DATE Jan 5 1936

19. UNDERTAKER (ADDRESS): Hackmann Bros St Charles Mo

20. FILED Jan 4, 1936 C A Barnard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 2, 1936

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held inquest to Jan 3, 1936
~~I last saw h alive on , 19~~ Death is said to have occurred on the date stated above, at 4.46 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental traumatism to the chest and back while walking on right of way of Burlington Ry. when she was struck by train	Jan 2 1936

Other contributory causes of importance: Hemorrhage

Name of operation: none Date of —
What test confirmed diagnosis? Inquest 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 Jan 2, 1936
Where did injury occur? Orchard Farm St Charles Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by train
Nature of injury Trauma to body.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) Will L Freeman, M. D.
(Address) St Charles Mo
Coroner St Charles Co Mo

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.

100M-11-24-33