

MAY 21 1936

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

Do not use this space.

14978

1. PLACE OF DEATH

County Holt
Township Bigelow
City (No.)

Registration District No. 372
Primary Registration District No. 6313

File No.
Registered No. 871
St. Ward)

2. FULL NAME

Elizabeth Lenora Gould
(a) Residence, No. St. Ward.
(Usual place of abode)

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>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23 1856</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>			
	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) <u>Iowa</u>				
FATHER	13. NAME <u>Heran Emmerson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Burnes</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>			
17. INFORMANT <u>Mrs Loue Keaster</u> (ADDRESS) <u>Bigelow Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mound City</u> DATE <u>4/10 1936</u>				
19. UNDERTAKER <u>W.H. Gumpfash</u> (ADDRESS) <u>Mound City Mo.</u>				
20. FILED <u>April 1936</u> <u>J.E. Tracy</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7 1936 to April 9 1936
I last saw her alive on April 8 1936 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset not obs.

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Physician's Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) D.B. Perry M. D.
(Address) Mound City 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.

