

JUL 27 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Francois
 Township St. Francois
 City St. Francois (No. _____)

Registration District No. 773
 Primary Registration District No. 60184

File No. 24033
 Registered No. 104 St. _____ Ward _____

2. FULL NAME

(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>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Y. Gossett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9, 1848</u>		
7. AGE <u>87</u>	YEARS <u>8</u>	MONTHS <u>9</u>
		DAYS <u>9</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>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>
	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>Farmington Mo</u>
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FATHER	13. NAME <u>Joel Zalman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox County Mo</u>

MOTHER	15. MAIDEN NAME <u>Louisa Murphy</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington Mo</u>

17. INFORMANT (ADDRESS) <u>Farmington Mo</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parish</u>	DATE <u>June 20, 1936</u>
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19. UNDERTAKER (ADDRESS) <u>Farmington Mo</u>
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20. FILED <u>June 20, 1936</u>	REGISTRAR <u>J. Robinson</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 18, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1, 1939</u> to <u>June 1, 1936</u> I last saw <u>her</u> alive on <u>June 18, 1936</u> 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: <u>Uremia</u> <u>131</u> Other contributory causes of importance: <u>Arterial Sclerosis - 1925</u>

Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? _____

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? _____ If so, specify _____ (Signed) <u>G. H. Watkins</u> , M. D. (Address) <u>Farmington Mo</u>

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.

[The body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal letter or report, possibly detailing a donation or a business transaction. Some words like "donor", "amount", and "received" might be discernible in some sections, but the overall content cannot be accurately transcribed.]

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.

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

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1. PLACE OF DEATH

County St. Francois
Township St. Francois
City (No.)

Registration District No. 773
Primary Registration District No. 6018 A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8 9

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.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER
(ADDRESS)

20. FILED Aug 12, 1936 B. J. Robinson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. 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:

Uremia

Date of onset

Chronic Mural Vascular Changes, with possible Chronic Nephritis not recognized

Other contributory causes of importance:

Name of operation 121 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) G. L. Walpers, M. D.

(Address) Farmington, Mo.

S-24033