

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.

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

Do not use this space.

37091

NOV 22 1936

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Highway River Primary Registration District No. 3011
City Highway Springs St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 815 1/2 2nd St. _____ Ward _____

(Legal place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1868

7. AGE YEARS 68 MONTHS 5 DAYS 17 IF LESS THAN 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

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) July 1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynes mo

13. NAME Alvin Gooch

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

15. MAIDEN NAME Marney Hoode

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

17. INFORMANT (ADDRESS) Amanda Gooch

18. BURIAL, CREMATION, OR REMOVAL PLACE Orchard mo DATE Oct 4 1936

19. UNDERTAKER (ADDRESS) Funeral Home

20. FILED 10-2-1936 Mon. Reb. M. Crawford Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to October 2, 1936
I last saw him alive on October 1, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

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

Coronary Sclerosis Date of onset Several Months

Other contributory causes of importance:
Chronic Arterial Sclerosis
Past severe Bronchial
Cold six weeks ago

Name of operation none Date of _____
What test confirmed diagnosis? ✓ 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) John T. Grace, M. D.
(Address) Highway Springs mo

