

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 157
Township Pleasant Hill 10 Primary Registration District No. 4091
City Pleasant Hill (No. 10) St. _____ Ward _____

File No. 11538
Registered No. 17

2. FULL NAME Minnie A. Gosch

(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 American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 - 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>3</u>	<u>14</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse

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) Cass County, Mo.

13. NAME Luke Williams

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

15. MAIDEN NAME Charlotte Farmer

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

17. INFORMANT (ADDRESS) A. L. Gosch, Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE March 28, 1937

19. UNDERTAKER (ADDRESS) A. A. Noflinger, Pleasant Hill, Mo.

20. FILED March 29, 1937 Ms. Etta M. Aldridge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1937, to Mar. 26, 1937

I last saw her alive on Mar. 25, 1937. Death is said

to have occurred on the date stated above, at 5:25 a.m.

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

Uremic Poisoning

Date of onset 3/1/37

Other contributory causes of importance:

Chronic interstitial nephritis
Cholelithiasis

Name of operation _____ Date of _____

What test confirmed diagnosis? L 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) L. J. Murray, M. D.

(Address) Pleasant Hill, Mo.

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.

2

1

1

