

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

Do not use this space.

AUG 20 1937

1. PLACE OF DEATH

County Cass
Township Index
City Garden City (No. 3)

Registration District No. 154
Primary Registration District No. 4088

File No. 26926

Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Garden City Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</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>Goddie Thirston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17, 1899</u>		
7. AGE YEARS <u>37</u>	MONTHS <u>10</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gerster Mo.</u>
13. NAME <u>James Burs Allen</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gerster Mo.</u>
15. MAIDEN NAME <u>Louisa L. Stoll</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gerster Mo.</u>

17. INFORMANT (ADDRESS) <u>Goddie Allen (City)</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>G.C. Cemetery</u> DATE <u>May 31 37</u>
19. UNDERTAKER (ADDRESS) <u>J. M. Hoffmann</u>
20. FILED <u>May 25 1937</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

I HEREBY CERTIFY, That I attended deceased from May 5 to May 27

I last saw him alive on May 27 1937 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:

(Suicide)
Longshot wound
16 gauge into
upper right breast left
chest
16 gauge into the
left chest
to the chest &
Diabetes Mellitus

Name of operation None Date of _____
Was there an autopsy? No

22. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide. Date of injury May 27 1937
Where did injury occur? At home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place.
Manner of injury Longshot wound
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signature) J. M. Hoffmann (Address) Garden City Mo.

