

AUG 20 1937

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

Do not use this space.

26997

1. PLACE OF DEATH

County ClayRegistration District No. 198File No. 92Township Excelsior SpringsPrimary Registration District No. 3011

Registered No.

City Excelsior Springs (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. Excelsior Sanitarium St. Ward. Pella Iowa
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilma Goass

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Municipal Electric Light Plant
10. Date deceased last worked at this occupation (month and year) July 19, 1937 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pella Iowa13. NAME Isaac O Goass14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pella Iowa15. MAIDEN NAME Hattie Wickham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pella Iowa17. INFORMANT H P Scholte (ADDRESS) Pella Iowa18. BURIAL, CREMATION, OR REMOVAL PLACE Pella Iowa DATE July 22, 193719. UNDERTAKER (ADDRESS) John C Craker
Excelsior Springs Mo20. FILED July 23, 1937 Loraine M Craker Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 193722. I HEREBY CERTIFY That I attended deceased from July 12, 1937 to July 22, 1937I last saw him alive on July 22, 1937 Death is said to have occurred on the date stated above, at 8:59 m.

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

Date of onset

Acute alcoholism
alcoholism
15Other contributory causes of importance:
acute nephritisName of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury July 22, 1937Where did injury occur? Excelsior Springs, Mo (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 John B Magrath(Signed) John B Magrath M. D.(Address) Excelsior Springs, 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.

