AUG 25 1937

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

Do not use this space.

3

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 27756

Township Mason — Primary Registration District No. 3017 — Registered No. 2147

City Hannibal (No. 2303, Palmyra Road St. ..... Ward)

2. FULL NAME Jennie M. Goss

(a) Residence, No. 2303 Palmyra Rd St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF: Millard F. Goss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 22, 1862

7. AGE: 75 YEARS — MONTHS: 4 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Pennsylvania

FATHER

13. NAME: James M. Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data

MOTHER

15. MAIDEN NAME: Eliza Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): Mr. D. J. Matteson, 2303 Palmyra Rd. Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Otsego, Mich. DATE: July 17, 1937

19. UNDERTAKER (ADDRESS): Wm M Smith, 902 Bdwy Hannibal, Mo

20. FILED: 7/16, 1937 — H C Fisher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ July 15, 1937, ~~to~~ ....., ~~19~~....

I last saw h. NEVER alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Coronary Disease — Sudden Death — B

94

Date of onset

Other contributory causes of importance: Past History of Heart Trouble for several years — Treated by Dr H. B. Goodrich — Hannibal

Name of operation: None — Date of .....

What test confirmed diagnosis? Typical History — 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) T. E. Sultzman, M. D.

(Address) Hannibal Mo.

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.

100M-3-28-35