

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.

SEP 21 1937

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

Do not use this space.

29589

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City 2407 East 28th Registered No. _____ St. _____ Ward _____

2. FULL NAME Joe T. Goss
(a) Residence (No. 2407 East 28th St., _____ Ward. _____) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Approx 50 X 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
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) unknown
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT Francis Goss (ADDRESS) 2407 East 28th
18. BURIAL, CREMATION, OR REMOVAL PLACE Graveland Cem DATE 8-3-37
19. UNDERTAKER (ADDRESS) H. J. Gorman
20. FILED Aug 2 1937 M. M. Groom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1937
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1937 to Aug. 1, 1937
I last saw him alive on July 15, 1937 Death is said to have occurred on the date stated above at 8 AM
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
59
Other contributory causes of importance:
Diabetes Mellitus
2 year ago
Name of operation None Date of _____
What test confirmed diagnosis? clinical 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) Kenneth A. Davis M. D.
(Address) 3301 Woodland
Kansas City, Mo.

Date of onset
Jan 1937
2 year ago

8839