

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH -

County Brunswick Registration District No. 508 File No. 38139
Township Primary Registration District No. 3026 Registered No. 144
City Chillicothe (No. St. Ward)

2. FULL NAME Caroline M. Goren

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 3 - 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leharley M. Goren

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937, to Nov 3, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 5 - 1867

I last saw her alive on Nov 2, 1937. Death is said to have occurred on the date stated above, at 10:40 a.m.

7. AGE YEARS 73 MONTHS 3 DAYS 28 IF LESS than 1 day, hrs. or min.

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

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

apoplexy

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

hypertension

12. BIRTHPLACE (CITY OR TOWN) Meadville (STATE OR COUNTRY) Penn

13. NAME Neseton Smith

Other contributory causes of importance: hypertension

14. BIRTHPLACE (CITY OR TOWN) Meadville (STATE OR COUNTRY) Penn

Name of operation no clinical Date of

15. MAIDEN NAME Elizabeth Buchanan

What test confirmed diagnosis? clinical Was there an autopsy? no

16. BIRTHPLACE (CITY OR TOWN) Meadville (STATE OR COUNTRY) Penn

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury

17. INFORMANT Mamie Sawyer (ADDRESS) Springfield Mo

Where did injury occur?

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE Nov - 6 - 1937

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER Jas D. Gordon (ADDRESS) Chillicothe Mo

Manner of injury X Nature of injury

20. FILED Nov 5 1937 Chillicothe Mo Registrar.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Brunson M. D.

(Address) Chillicothe, Mo

