

NOV 20 1937

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

Do not use this space.

38316

1. PLACE OF DEATH

County New Madrid Registration District No. 5-5-2  
Township Wagon Primary Registration District No. 62621 File No. 10  
City Gideon (No. ....) St. .... Ward) Registered No. 1277

2. FULL NAME

Ada Angeline Gools  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR WIFE OF) <u>J. R. Gools</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 1877</u>		
7. AGE	YEARS	MONTHS
<u>25</u>	<u>60</u>	<u>8</u>
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>House Keeping</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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1937 to 10-16, 1937

I last saw her alive on 10-11, 1937. Death is said to have occurred on the date stated above, at 2 P. M.

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

Cerebral Apoplexy Date of onset 10-11-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify Dominic Teronullo, M. D.

(Signed) Gideon (Address) Gideon, Mo

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Wayne Co Ill

13. NAME William J Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Wayne Co Ill

15. MAIDEN NAME Mary Jane Gools

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Hannibal Mo

17. INFORMANT (ADDRESS)  
J. R. Gools Gideon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stunfield DATE Oct 17 1937

19. UNDERTAKER (ADDRESS)  
J. C. Gools Gideon Mo

20. FILED Nov 10 1937 M D Muesma Registrar.

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.

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1911

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

ON APRIL 11, 1909

RELATIVE TO THE

LANDS BELONGING TO THE STATE

AND TO THE

LANDS BELONGING TO THE

INDIAN TRIBES

AND TO THE

LANDS BELONGING TO THE

LANDS BELONGING TO THE

COMMISSIONERS OF THE LAND OFFICE

ALBANY, N. Y.

1911

PRINTED BY THE

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