

APR 20 1938

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

11235
Do not use this space.

1. PLACE OF DEATH ⁵³
(a) County Laclede Registration District No. 277
(b) Township Smith Primary Registration District No. 561A Registered No. 9
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Cassie Ann Gough 200
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H.C. Gough
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-14-1878
7. AGE 59 YEARS 9 MONTHS 7 DAYS If LESS than 1 day, hrs. or min.
- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. all her life
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
- FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo.
13. NAME John Moulsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo.
- MOTHER 15. MAIDEN NAME Katherine McLean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Mo.
17. INFORMANT (ADDRESS) W.C. Gough
Lebanon Mo. Route 5
18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens Cemetery 2-22 1938
19. FUNERAL DIRECTOR (ADDRESS) Virgil Ensign
St. Louis
20. FILED 3-16 1938 C.E. Cantor
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1938
22. I HEREBY CERTIFY, That I attended deceased from July 10 1937, to July 21 1938
I last saw her alive on July 15 1938. Death is said to have occurred on the date stated above, at 2:00 m.
The principal cause of death and related causes of importance were as follows:
chronic valvular disease of the heart
Date of onset 97
- Other contributory causes of importance: Dropsy
- Name of operation none Date of
What test confirmed diagnosis? histologic Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19.....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
- Manner of injury no
Nature of injury no
24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) C.E. Cantor, M. D.
(Address) St. Louis

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)