

RECD SEP 13 1939

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

30118  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois County Registration District No. 273  
(b) Township St. Francois Primary Registration District No. 6018A  
(c) City or Farmington (d) Street No. State Hospital No. 4 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Jesse Goverso

(a) Residence, No. Festus, Mo. 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-24-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as 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) Ste. Genevieve Co. Missouri.

FATHER 13. NAME Eli Goverso

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) River Aux Vases Missouri

MOTHER 15. MAIDEN NAME Marsolete Griffard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) River Aux Vases Missouri

17. INFORMANT Records of State Hospital No. 4 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste. Genevieve, Mo DATE 8-28 1939

19. FUNERAL DIRECTOR (NAME) C. T. Lloyd (ADDRESS) Farmington, Mo.

20. FILED Aug 28 1939 J. Robinson Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1938 to 8-26-39 1939

I last saw him alive on 8-26 1939. Death is said to have occurred on the date stated above, at 10:15 m. A.M.  
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction  
Volvulus  
127 h'  
Date of onset 8-25-39

Other contributory causes of importance:  
Coronary Heart Disease ?

Name of operation Exploratory Laparotomy Date of 8-26-39  
What test confirmed diagnosis? Chemical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. Kuhlman, M. D.  
699 (Address) Farmington, Mo.

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

St. Genevieve

1-R

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me Mr. Barber Finn  
working under my personal supervision. Registered Apprentice No.

Signed C. J. Lloyd  
Licensed Embalmer No. 9527  
P. O. Address Harrington

**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.)**

**If this body is not embalmed, above space should be left blank.**