

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.

Registration District No. 775

Primary Registration District No. 6020-A

State File No. \_\_\_\_\_

Registrar's No. 75

1. PLACE OF DEATH 2  
(a) County St. Francois  
(b) City or town Bonne Terre Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME JULIUS WALTER Gough  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 30  
year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21 I hereby certify that I attended the deceased from By Inquest  
Sept. 30, 1939, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept 24 1882  
(Month) (Day) (Year)

Immediate cause of death Jury Verdict  
deceased came to his death  
by a stab wound inflicted  
due to leg sharp instrument  
by the band of party of  
due to parties unknown to the  
Jury.  
Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

8. AGE: Years 58 Months 0 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer  
11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Milton Gough  
13. Birthplace St. Louis County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Gough  
15. Birthplace Franklin County Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant's own signature Milton Gough  
(b) Address Bonne Terre Mo  
17. (a) Rural (b) Date thereof Feb 2 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Aberloneum Mo  
18. (a) Signature of funeral director Benham & Co  
(b) Address 313 Benham St. Bonne Terre  
19. (a) Oct. 2 1939 (b) M. W. Hawkins  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence Sept 29, 1939  
(c) Where did injury occur? Bonne Terre St. Francois Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in pasture  
(Specify type of place)  
While at work? No (e) Means of injury Stab Wound  
23. Signature Joe D. Comer Coroner  
(M. D. or other) is  
Address 1st St. River Mo Date signed 10/1/39

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address. *Bonnet Jew To*

**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.**