

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

Do not use this space.

8373

1. PLACE OF DEATH

County Stoddard
Township Beck Creek
City Pepico Mo (No. 1)

Registration District No. 840
Primary Registration District No. 6102153

File No. _____
Registered No. 11 St. _____ Ward _____

2. FULL NAME

Mary Manila Gouldman
(a) Residence, No. Stoddard Col Mo St., Rural
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>3</u>	<u>12</u>	

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spark Co Mo

MOTHER FATHER 13. NAME J P House

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Ina Pole

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

17. INFORMANT (ADDRESS) Fred Gouldman
Pepico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cem DATE 2/7 1941

19. UNDERTAKER (ADDRESS) Walter Morgan
Pepico Mo

20. FILED 2-9 1941 De Marie Ruppert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2, 6 1941

22. I HEREBY CERTIFY, That I attended deceased from 1. 2 1941, to 2. 6 1941

I last saw h. alive on 2. 4 1941. Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:
Robor Pneumonia
of both lungs. Date of onset _____

Other contributory causes of importance:
Emphysema

Name of operation _____ Date of _____
What test confirmed diagnosis Smear 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? Y
If so, specify No
(Signed) Dr. John H. Nuber
(Address) Peoria, Mo.

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.

FILED MAR 19 1941

RECEIVED

District Health Officer No. 2

District File Number 341-301

Date Filed 3/5/46