

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

Do not use this space.

26498  
3238

**1. PLACE OF DEATH**

County Jackman

Registration District No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City Kansas City (No. \_\_\_\_\_)

St. Joseph's Hospital

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

Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

Richmond, Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 W. M. Gosham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-25-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
57 8 19

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

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) Marionville Mo

13. NAME J. M. Truax

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

15. MAIDEN NAME Clennie Gosham

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

17. INFORMANT (ADDRESS) W. M. Gosham Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Aug. 15, 1933

19. UNDERTAKER (ADDRESS) E. Thurnauer Richmond Mo

20. FILED 8-13-33 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1933 to 8-13, 1933

I last saw h. et. alive on 8-13, 1933 Death is said to have occurred on the date stated above, at 7:45 m.

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

Generalized Peritonitis  
Secondary to Suppurative Appendicitis

Other contributory causes of importance: 12/10

Name of operation none 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 \_\_\_\_\_

(Signed) E. P. Hamilton, M. D.  
(Address) 5828 Wyandotte St. C. Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 26 1933

202-10

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