

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

Do not use this space.

21854

1. PLACE OF DEATH

County St. Francois Registration District No. 773 File No. _____
 Township _____ Primary Registration District No. 6018A Registered No. 87
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John Y. Gossett
 (a) Residence _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 10 yrs. _____ 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 Male 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 Mary C. Gossett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 | 7 | 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER

James Gossett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER

Rachel Coxin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Mrs. J. E. Horton
 (Address) Farmington, Mo.

15.

FILED 6-19-28 B. J. Robison
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 1928, to _____, 1928 that I last saw him alive on June 16, 1928, and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis and Diabetes

CONTRIBUTORY (SECONDARY) 1290
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) Dr. Ben L. Watkins, M.D.

678, 1928 (Address) Farmington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Park View Cemetery June 19 1928
 20. UNDERTAKER ADDRESS
Farmington, 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.

