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.

APR 28 1932

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

Do not use this space. 5574

1. PLACE OF DEATH

74 County Nodaway — Registration District No. 618 — File No.

2 Township ~~Nodaway~~ — Primary Registration District No. 4369 — Registered No.

2 City Burlington Jct (No. , St. Ward)

2. FULL NAME Howard Neal Gohn

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 11, 1931

7. AGE: YEARS 0 — MONTHS 14 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: infant
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): Clearmont Mo 1

FATHER
13. NAME: B.J. Gohn 8
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennslyvania 2

MOTHER
15. MAIDEN NAME: Gertie Cornell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington Jct Mo 1

17. INFORMANT (ADDRESS): Mrs Gertie Gohn Burlington Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burlington Jct. DATE 2/21/32 19

19. UNDERTAKER (ADDRESS): [signature] Burlington Jct. Mo

20. FILED Feb 22 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1932, to February 19, 1932.
I last saw him alive on February 18, 1932. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Malnutrition — Do not know. — Date of onset

71B 158
15 8

Other contributory causes of importance:
Secondary anemia (Hgb. 10 %) " " "

Name of operation: (1) Date of
What test confirmed diagnosis? Clin. & lab. 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? No
If so, specify
(Signed) W. M. Hindman, M. D.
(Address) Burlington Jct., Mo.