

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

Do not use this space.

37446

1. PLACE OF DEATH

County..... Registration District No. 78
 Township..... Primary Registration District No. 17015
 City St. Louis (No. 4433, West Belle Pl. St. Ward)

File No.
 Registered No. 10096

2. FULL NAME

Emma Vashon Gossin
 (a) Residence, No. 4433 West Belle Pl. Ward. (If nonresident, give city or town and State)

Length of residency 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Gossin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8th 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 3 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Penn.

13. NAME Geo. B. Vashon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle, Penn.

15. MAIDEN NAME Susan Paul Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass.

17. INFORMANT (ADDRESS) Andrew J. Gossin, 4433 West Belle Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 11/16th 1932

19. UNDERTAKER (ADDRESS) W. C. Gordon, Ind. Co., 2649 Morrison St.

20. FILED NOV 15 1932 Max E. Standen Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 15, 1932

I last saw h.e. alive on Nov 13, 1932 Death is said to have occurred on the date stated above, at 12:35 am.

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

Cardiac dilatation Date of onset Nov 12
75B
97 95B
71B

Other contributory causes of importance:
Arteriosclerosis
2nd Anemia 17th

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) W. Young, M. D.

(Address) 2316 Annapolis

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.

