

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

Do not use this space.

1. PLACE OF DEATH

County McDonald
Township Elk River
City Mal, Mo (No. 11)

Registration District No. 963
Primary Registration District No. 5692

File No. 139 17385
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Harry Slater Gossman

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 7 14

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

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) March 24 1934 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Iowa (Spec)

13. NAME Ed Gossman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmwood Iowa

15. MAIDEN NAME Mamie Owen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Co Iowa

17. INFORMANT (ADDRESS) Ed Gossman Mal, Mo R.R. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arrow Ark DATE 5/5 1934

19. UNDERTAKER (ADDRESS) Wheeler Bros

20. FILED 3/14 1934

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4 1934
I HEREBY CERTIFY, That I attended deceased from March 29 1934 to 5-4 1934
I last saw him alive on May 4 1934 Death is said to have occurred on the date stated above, at 8:45 am
The principal cause of death and related causes of importance were as follows:

Multiple Metastatic Abscess
Abscess of Liver
Acute Infectious
Acute Infectious of Liver
Date of onset 3-25-34

Other contributory causes of importance: _____
Name of operation of liver Date of _____
What test confirmed diagnosis _____ 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? _____
If so, specify _____

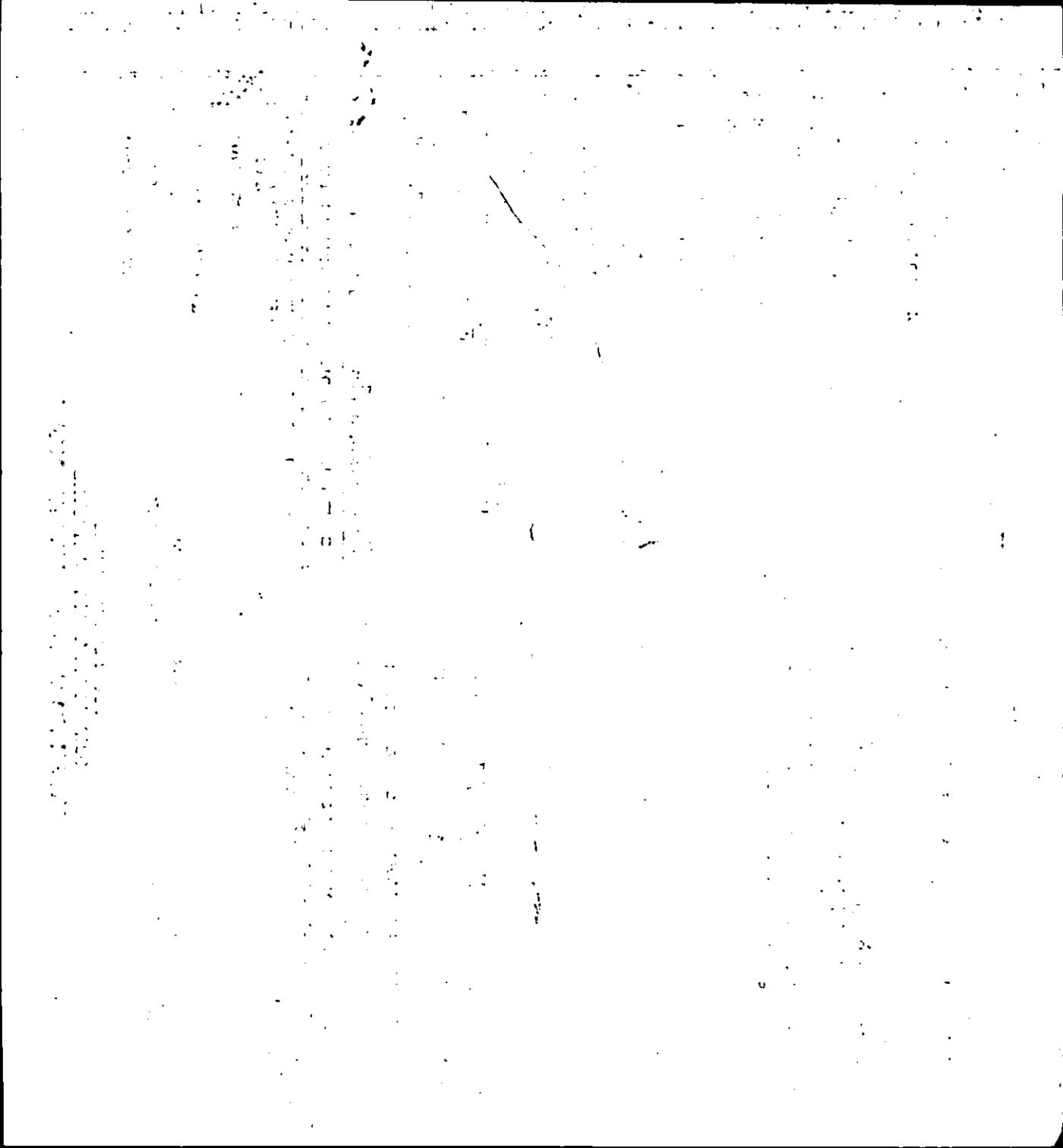
(Signed) W. H. Varnhagen, M. D.
(Address) Southwest City, Mo

(J.L. MINCON)

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.

100-103-1534

Nic 605, B 705
Sou 1105 (1934)



ADDRESS _____

Following abscesses were lanced:

- 1) Left supraclavicular
- 2) Left Cervical abscess.
- 3) Left Knee
- 4) Both Ankles

5) Medial aspect of Rt. thigh

No operation of liver abscess

The above abscess were metabolic
 from acute suppurative tonsillitis
 the abscess were not tuberculous

R. E. Warmack, M.D.

S(2)-17385

5-4-34

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

WASHINGTON

17385

139-4

McDonald

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Harry S. Gosson

Who died at _____ on May 5 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 20 Months 7 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Multiple metastasis

Birthplace of father (State or country) absence of liver

Birthplace of mother (State or country) _____

Principal cause of death: absence of liver

Other contributory causes of importance ac Jonsellits

Name of operation absence Date of 3-24-34

What test confirmed diagnosis? _____ Was there an autopsy? no

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 _____

Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

Name of physician _____

Address of physician A. E. Wannack M.D. Southwest-Cali Mo

(Signature of Registrar) J. S. Minter M.D. N. Mo Date filed 5-4-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 963

Primary Reg. Dist. No. 5692

Very truly yours,
E. J. Mc Gaugh M.D.
Special Agent.

