

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.

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

Do not use this space.

33280

OCT 25 1934

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. 216 West Anderson)

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME Paul Clifton Gouge

(a) Residence, No. 216 West Anderson St. _____ Ward _____
(Usual place of abode) (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 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) April 25-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. VV
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) Aurora (STATE OR COUNTRY) Missouri

13. NAME Milford Gouge

14. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Clara Batesell

16. BIRTHPLACE (CITY OR TOWN) Greene County (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Milford Gouge (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo DATE Sept 5 1934

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo

20. FILED 9-5 1934 R. L. Causey, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1934

I HEREBY CERTIFY, That I attended deceased from Aug 12 1934, to Sept 4 1934
I last saw him alive on Sept 4 1934 Death is said to have occurred on the date stated above, at 9 P m.

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

Enteritis
1193 1194
Date of onset Sept 4

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) J. M. Smith M. D.
(Address) 121 5th Pleasant
Aurora Mo

