

NOV 15 1937

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

37186

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph (No. 2205 Francis St.)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. II62  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Thomas Stonewall Jackson Gore

(a) Residence, No. 2205 Francis St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 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

MEDICAL CERTIFICATE OF DEATH

|  |   |   |   |  |
|--|---|---|---|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Laura P. Gore</u>         |   | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 5, 1863</u>                 |   |  |
| 7. AGE   | YEARS<br><u>74</u>  | MONTHS<br><u>9</u>  | DAYS<br><u>15</u>   | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Live Stock Commission</u> |   |   |  |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Salesman.</u>                      |   |   |  |
|  | 10. Date deceased last worked at this occupation (month and year) <u>1929</u>   |   | 11. Total time (years) spent in this occupation <u>22</u> |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Atchison, Kansas</u>                     |   |   |   |  |
| MOTHER - FATHER  | 13. NAME <u>Green L. Gore</u>   |   |   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenbriar Co, W. Va.</u>   |   |   |  |
|  | 15. MAIDEN NAME <u>Emiline Cummings</u>   |   |   |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenbriar Co, W. Va.</u>                |   |   |   |  |
| 17. INFORMANT <u>Miss Irene M. Gore</u><br>(ADDRESS) <u>2205 Francis St.</u>                 |   |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem.</u> DATE <u>Oct. 23, 1937,</u> |   |   |   |  |
| 19. UNDERTAKER <u>Walter Meinhoff</u><br>(ADDRESS) <u>1302 Faraon St. St. Joseph, Mo.</u>    |   |   |   |  |
| 20. FILED <u>10/29</u> 19 <u>37</u> <u>W. A. Northcutt</u><br>Registrar.                     |   |   |   |  |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1937, to Oct 20, 1937.  
I last saw him alive on Oct 19, 1937. Death is said to have occurred on the date stated above, at 1.30 m. P.M.  
The principal cause of death and related causes of importance were as follows:  
arteriosclerosis  
apoplexy  
Date of onset 1929

Other contributory causes of importance: None  
Cholesterol  
70

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Cholesterol Was there an autopsy? 70

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) J. F. Owens, M. D.  
(Address) Ballinger Bldg. St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

