

MAY 16 1939

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

14173

Do not use this space.

## 1. PLACE OF DEATH

(a) County Bates Registration District No. 53  
(b) Township \_\_\_\_\_ Primary Registration District No. 3005  
(c) City Rich Hill (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Newman Gossom

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 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) Nov-16-1865  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 4 23  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bill Poster  
9. Industry or business in which work was done, as 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) Kentucky13. NAME Thomas B Gossom14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Rice Newman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT H. G. Blewett  
(ADDRESS) Louisville Ky18. BURIAL, CREMATION, OR REMOVAL  
PLACE Greenhawn DATE Apr-12-193919. FUNERAL DIRECTOR (NAME) Pond & Reasley  
(ADDRESS) Rich Hill Mo.20. FILED April 11, 1939 Clayton J. Allen, M.D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 193922. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to April 9, 1939I last saw him alive on April 8, 1939. Death is saidto have occurred on the date stated above, at 11:30 A.M.

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

Acute Bacteriemia  
Atherosclerosis  
Chronic Myocarditis  
Dehydration 92C  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hypertension Arterial

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No23. 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) Fellert with, M. D.(Address) Rich Hill Mo.

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-804  
Date Filed 5-12-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Henry Ford  
Licensed Embalmer No. 1320  
P. O. Address Birk Hill Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, above space should be left blank.