

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

Do not use this space.

32560

**1. PLACE OF DEATH**

County Cole  
Township Marion  
City Centertown, Mo. (No. ....)

Registration District No. 211  
Primary Registration District No. 4128

File No. ....  
Registered No. 10 St. .... Ward)

**2. FULL NAME**

Rebecca Jane Gouge.

(a) Residence. No. Centertown, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry N. Gouge.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 30, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	84	8	2	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Elston,  
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER William Dawson.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia, U.S.A.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ----

14. INFORMANT Mrs. Ethel Murray,  
(Address) Centertown, Mo.

15. FILED 10/2, 1933 N.P. Beach, M.D.  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 2, 1933

17. I HEREBY CERTIFY, That I attended deceased from August 8, 1933 to October 2, 1933 that I last saw her alive on October 2, 1933, and that death occurred, on the date stated above, at 5:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy with Hemiplegia

CONTRIBUTORY (SECONDARY) Chronic Valvular Heart disease  
(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. At place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF -----

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) Francis J. Nichols, M. D.

, 19 (Address) Centertown, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

New Hope Church, Oct. 4, 1933

20. UNDERTAKER ADDRESS

Williams & Friedmeyer, California,

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.

OCT 20 1933

