

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

Do not use this space.

30022

**1. PLACE OF DEATH**

County Franklin  
Township Prairie  
City (None)

Registration District No. 801  
Primary Registration District No. 3415

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Albert Gorg

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>38</u>	<u>8</u>	<u>5</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work armature Winder  
(b) General nature of industry, business, or establishment in which employed (or employer) Electrical Appliances  
(c) Name of employer Century Electric Co.

9. BIRTHPLACE (CITY OR TOWN) Union, Mo.  
(STATE OR COUNTRY) Franklin Co., Mo.

10. NAME OF FATHER Louis Gorg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sanders

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

14. INFORMANT Louis Gorg Jr.  
(Address) R1 Lonedell, Mo.

15. FILED Oct 27 1927 S. P. Dewhirst M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1927

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1927, to Oct 6, 1927, that I last saw him alive on Sept 27, 1927, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

23A Pulmonary Tuberculosis  
123 Pulmonary Tuberculosis  
Rectal Fistula Proc-  
titis  
CONTRIBUTORY (SECONDARY) Rectal Fistula Proc-  
titis

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? St. Louis, Mo.

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

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Microsp.  
(Signed) C. F. Briegleb, M. D.

Oct 7 1927 (Address) St. Clair, 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 Prospect-Cemetery DATE OF BURIAL 10/8 1927

20. UNDERTAKER William Corey ADDRESS St. Clair

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.

THIS IS A PERMANENT RECORD

