24 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Franklin
Township: ~~Washington~~
City: Washington (No. ..... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

File No. 8470
Registered No. 16

2. FULL NAME: Erwin Carl Goebel

(a) Residence. No. 812 West 2nd Street St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 3 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

County

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Hilda Helwig

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	3	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Charles Goebel

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

12. MAIDEN NAME OF MOTHER Bertha Frick

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

14. INFORMANT Lilly Gertrude Coleman
(Address) 812 West 2nd St

15. FILED Mar 8, 1928 O. H. Wunch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27 -, 1928, to March 4 -, 1928 that I last saw him alive on March 4 -, 1928, and that death occurred, on the date stated above, at 11 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute croupous pneumonia
108
1104 / 01 R
(duration) yrs. - mos. 24 ds.

CONTRIBUTORY (SECONDARY) Emphysema
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
Did an operation precede death? yes Date of Mar. 4 - 1928
Was there an autopsy? no
What test confirmed diagnosis? ✓
(Signed) H. A. May, M. D
Mar. 6 -, 1928 (Address) Washington, 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: St Peters Cemetery
March 7th-1928
DATE OF BURIAL: 3/8 1928

20. UNDERTAKER: Otto & Co. By Geo H Otto
ADDRESS: Washington Mo

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.