

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

Do not use this space.

9686

1. PLACE OF DEATH

County Linn
Township Enterprise
City (No. 5673)

Registration District No. 567
Primary Registration District No. 5673

File No. 101
Registered No. 101
St. _____ Ward _____

2. FULL NAME

Chas. Benjamin Gorch

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lucy Anna Gorch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 1855

7. AGE. YEARS 72 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. NAME OF FATHER Thos Gorch

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

12. MAIDEN NAME OF MOTHER Rebel Gorch

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

14. INFORMANT B. J. Gorch
(Address) 1 Kansas City Mo

15. FILED 3/25/28 19____ REGISTRAR M. J. Brown

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 22 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-5, 1928, to 3-21, 1928, and that I last saw him alive on March 21, 1928, and that death occurred, on the date stated above, at _____ P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac dropsy with complications
4.5 B
11 B (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) lung of Klu
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Mo.
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Quinn H. Fisher M.D.
, 19____ (Address)

*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 Gorch DATE OF BURIAL 2-23-28

20. UNDERTAKER W. H. Hummel ADDRESS Brown & Co.

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.

1928

