

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.

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

Do not use this space.

10075

1. PLACE OF DEATH *Pettus*  
County..... Registration District No. *668*  
Township..... Primary Registration District No. *8032*  
City *Adalia* (No. .... St. .... Ward)  
2. FULL NAME *Joseph Goernig*  
(a) Residence No. *910 Av 4th* St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred *48* yrs. .... mos. .... da. How long in U.S., if of foreign birth? *56* yrs. .... mos. .... da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE or *Widow Francis Goernig*  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 4-1855*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. *72 4 7*  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Railroad work*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Retired*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Schweinfeld Prov*  
(STATE OR COUNTRY) *Schlesien Germany*

10. NAME OF FATHER *Don't know*

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

12. MAIDEN NAME OF MOTHER *Don't know*

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

14. INFORMANT *Harold Goernig*  
(Address) *Adalia, Mo.*

15. FILED *3-20-1928* REGISTRAR *J. L. Love*

MEDICAL CERTIFICATE OF DEATH

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 13 1928*  
17. I HEREBY CERTIFY, That I attended deceased from *Jan 10* 19*27* to *Mar 13* 19*28*  
that I last saw him alive on *Mar 13* 19*28*, and that death occurred, on the date stated above, at *3:30 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic suppurative*

CONTRIBUTORY (SECONDARY) *Emphysema obtuse (no diabetes)*

18. WHERE WAS DISEASE CONTRACTED *Do not know*

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Chronic degenerative*

(Signed) *Chas. Goernig* M. D.

(Address) *Adalia 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 *Adalia Mo* DATE OF BURIAL *3/15 1928*

20. UNDERTAKER *M. Langley Bros* ADDRESS *Adalia*

