

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

Do not use this space.

15804

**1. PLACE OF DEATH**

County Franklin  
Township Union  
City Union (No. ....)

Registration District No. 276  
Primary Registration District No. 4180

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

**2. FULL NAME** August Goebel

(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) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29, 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
86 4 28

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Campeillon  
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Gert Goebel  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Caroline Becker  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Miss Laura Goebel  
(Address) Union, Missouri

15. FILED May 20 1930 E. A. Stuebing  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1930, to May 28, 1930, that I last saw him alive on May 27, 1930, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio sclerosis

CONTRIBUTORY (SECONDARY) 917 918  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, As above

Did an operation precede death? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed) E. A. Stuebing, M. D.

May 30, 1930 (Address) Union, 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 Union Cemetery DATE OF BURIAL 5/31/30

20. UNDERTAKER Union Furn. Co. ADDRESS Union, Mo.  
by W. H. HORN

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.

