

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

22082

1. PLACE OF DEATH:

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3079
City Hannibal (No. Bridges St)

File No. _____
Registered No. 1634
St. _____ Ward _____

2. FULL NAME Carl M. Gorshein

(a) Residence, No. 330 8th Market St., Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17 - 1887</u> | | |
| 7. AGE YEARS <u>44</u> | MONTHS <u>4</u> | DAYS <u>27</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u> | | 11. Total time (years) spent in this occupation _____ |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ | | 10. Date deceased last worked at this occupation (month and year) _____ |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4, 1931

22. I HEREBY CERTIFY, that I attended deceased from June 4, 1931, to June 7, 1931.
I last saw him alive on June 4, 1931. Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
never saw but over
93E
75B
Other contributory causes of importance: Alcoholism

| |
|--|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u> |
| FATHER |
| 13. NAME <u>Carl Gorshein</u> |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u> |
| MOTHER |
| 15. MAIDEN NAME <u>Melendia George Johnston</u> |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u> |
| 17. INFORMANT (ADDRESS) <u>J. J. Kelly Quincy Ill</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Riverside</u> DATE <u>6/7</u> , 19 <u>31</u> |
| 19. UNDERTAKER (ADDRESS) <u>James O'Donnell Hannibal Mo</u> |
| 20. FILED <u>6</u> 19 <u>31</u> <u>Edouardis</u> Registrar. |

8. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) GA Rosell _____ M. D.
(Address) Hannibal Mo

1875