

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

Do not use this space.

34

**1. PLACE OF DEATH**

County Wagon  
Township Wagon  
City Rock Port, Mo. (No. 1)

Registration District No. 19  
Primary Registration District No. 4013

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

**2. FULL NAME**

(a) Residence, No. .... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 0 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiree

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) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Co. Ill. 2

13. NAME Ludwig Gorenberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Hermie Gorenberg  
Rock Port, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth Cem. DATE 1-19 1932

19. UNDERTAKER (ADDRESS) John Bartholomew  
Rock Port, Mo.

20. FILED 1-17 1932 Mary G. Chauphain  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1932

22. I HEREBY CERTIFY, That I attended deceased Jan 17 1932 at 5:30 m. I last saw him alive on Jan 16-30 1932 Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset 82A  
97 J 20  
Other contributory causes of importance: Arteriosclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? none 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? no  
If so, specify Chas. Little

(Signed) Chas. Little, M. D.  
(Address) Rock Port, Mo.

WRITE 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.

1932

