

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

Do not use this space.

14008

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... Primary Registration District No. 50th
City..... (No. 2032, Ubear Ave) St. Ward)

File No.
Registered No. 3320
St. Ward)

2. FULL NAME

Mary S. Goetz
(a) Residence, No. 2032 Ubear St., 9 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Goetz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 24 1844</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Charles Puffal</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
FATHER	17. INFORMANT <u>Mrs Minnie Bergers</u> (ADDRESS) <u>2032 Ubear Ave</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Freeborn</u> DATE <u>4/5</u> 19 <u>32</u>
UNDERTAKER	19. UNDERTAKER <u>H. A. Stockford Co</u> (ADDRESS) <u>211 W. 6th Grand</u>
	20. FILED <u>JPR - 5 1932</u> <u>May 1</u> Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21 1932
22. I HEREBY CERTIFY That I attended deceased from Sept 10 1931 to April 7 1932
I last saw her alive on April 2nd 1932 Death is said to have occurred on the date stated above, at 8 m.

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

Chronic myocarditis
arterio Sclerosis
Senility
Other contributory causes of importance: ?

Name of operation Date of
What test confirmed diagnosis? auscultation as 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
(Signed) J. Gettinger M. D.
(Address) 2745 Grand Bl.

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.

