

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

Do not use this space.

33183

**1. PLACE OF DEATH**

81 County Reels Registration District No. 677 File No. \_\_\_\_\_  
 2 Township Rolla Primary Registration District No. 4403 Registered No. 78  
 4 City Rolla (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luella Weise</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1867</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>2</u>	DAYS <u>18</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>Light 182</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Watchman</u>	
	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) <u>Transport Ind</u>		
FATHER	13. NAME <u>Henry Goban</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>OK</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK 31</u>	
17. INFORMANT <u>Henry Goban</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Rolla</u>		
PLACE <u>Rolla</u>	DATE <u>Oct 8 1932</u>	
19. UNDERTAKER <u>Harry A. Weisauer</u>		
20. FILED <u>Oct 7 1932</u> <u>for F. Byrum</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Dropped dead from heart disease  
95B

Other contributory causes of importance:  
95B (5)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) A.M. Light-Corner, M.D.  
 (Address) Rolla Mo

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.

NOV 28 1932

