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

Do not use this space.

39173

File No.
Registered No.

1. PLACE OF DEATH
County: Gasconade
Township:
City: Beard (No. , St. Ward)

Registration District No. 307
Primary Registration District No. 6731

2. FULL NAME: Gustav Goers

(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.

JAN 23 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 27-190

7. AGE: Years 25 | Months 11 | Days 14 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Bland Mo

FATHER
13. NAME: Fritz Goers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bland Mo

MOTHER
15. MAIDEN NAME: Martha Bunge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bland Mo

17. INFORMANT (ADDRESS): Mrs. F. Goers Bland Mo

18. BURIAL, CREMATION, OR REMOVAL: cem
PLACE: Bland Tw. DATE: 12-13 1932

19. UNDERTAKER (ADDRESS): Mrs Bassmann Bland Mo

20. FILED 1-7 1933 C A Bunge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-18 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ , 19 , to , 19
~~Last saw h~~ alive on , 19 . ~~Death is said to have occurred on the date stated above, at m.~~

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

Held a Coroners' inquest Dec. 11th 1932 at 5 p.m., death having occurred at 11 a.m. same date. Verdict of Jury: "Death due to Heartfailure, caused by excessive drinking of alcoholic liquor."

7513

Date of onset

Other contributory causes of importance:
Excessive drinking of whiskey extending back into early childhood, according to witnesses.

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

5

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Julius Lingenfelder, M. D.
(Address) Hermann, Mo. Coroner.