

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

Do not use this space.

29170

1. PLACE OF DEATH

County Crawford
Township Porter
City (No.)

Registration District No. 232
Primary Registration District No. 2376

File No.
Registered No.
St. Ward

2. FULL NAME

Albert Goldkuhl

(a) Residence, No. St. Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 8

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

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) St Louis Mo

13. NAME John Goldkuhl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Rose Hahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Francis Goldkuhl
2804 Magnolia

18. BURIAL, CREMATION, OR REMOVAL PLACE Sum Set Cemetery 9/26 - 1933

19. UNDERTAKER (ADDRESS) J. E. Sanders
Steeleville Mo

20. FILED 5/17/33 1933 J. E. Sanders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23 - 1933

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 8 A. m.

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

accidental by being shot in back with 12 ga shot gun.
1924

Other contributory causes of importance: 172

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? Crawford County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury accident

Nature of injury shot in back

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert E. Long M.D.
Burbon Mo known

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.

OCT 20 1933

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