

OCT 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County CarrollRegistration District No. 138

Township

Primary Registration District No. 4078City Norborne

(No. _____)

St. _____

Ward _____

2. FULL NAME Fred Goetting Sr.

(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

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

Sophia Goetting.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec. 7, 1852

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1

day, _____ hrs.

or _____ min.

81913

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Henry Goetting

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Charlot Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Oscar Goetting
Norborne, Mo.

15.

FILED

Sept 27, 1934B. C. Cole M. D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept-20th 1934

17.

I HEREBY CERTIFY, That I attended deceased from Sept-18th1934, to Sept-20th 1934that I last saw him alive on Sept-19th 1934 and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility162162

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

old age

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. C. Cole

M. D.

, 19 (Address) Norborne Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Fairhaven CemeterySept. 23 1934

20. UNDERTAKER

W. J. Stroud

ADDRESS

Norborne 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.

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