

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

Do not use this space.

OCT 29 1934

1. PLACE OF DEATH
 County Franklin Registration District No. 296 File No. 32451
 Township Union Primary Registration District No. 4180 Registered No. _____
 City Union (No. _____) St. _____ Ward _____

2. FULL NAME Emily J. Gorg
 (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 <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>James A. Gorg</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 4 1854</u>				
7. AGE YEARS <u>80</u>	MONTHS <u>6</u>	DAYS <u>10</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>retired house-keeper</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 _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union, Missouri</u>				
FATHER	13. NAME <u>Mitchell Leitwein</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Mathilda Calvin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Labadie, Missouri</u>			
17. INFORMANT <u>Mrs. J. M. Moore</u> (ADDRESS) <u>Union, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Union Cemetery</u> PLACE <u>Union, Mo.</u> DATE <u>Sept. 17 1934</u>				
19. UNDERTAKER <u>Union Furniture Co.</u> (ADDRESS) <u>Union, Missouri</u>				
20. FILED <u>10-8</u> 19 <u>34</u> <u>J. R. Marshall</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to Sept. 1934
 I last saw her alive on Sept. 14 1934 Death is said to have occurred on the date stated above, at 8:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis and Auricular fibrillation
Chronic Nephritis
Hypertension of Arterial System
Residual of Granular Nephritis
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. & Lab. Was 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) John J. Ferry M. D.
 (Address) Union, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

