

JUN 1 1935

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

Do not use this space.

13829

## 1. PLACE OF DEATH

County PerryRegistration District No. 657Township MayanPrimary Registration District No. 5874City Hitterberg (No.       )St.        Ward       2. FULL NAME Henry Goeke Hitterberg Mo.(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 58 yrs. 4 mos. 9 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*) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Goeke6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 - 18767. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 4 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Jan. 1935 11. Total time (years) spent in this occupation 30 1/212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hitterberg Mo.13. NAME Wilhelm Goeke14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Eva Staternann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Albert Pille Hitterberg Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hitterberg Mo. DATE April 3 - 193519. UNDERTAKER (ADDRESS) Ernie J. Penwick Argente Mo.20. FILED 4-1-1935 Adolph G. Schmidt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-193522. I HEREBY CERTIFY, That I attended deceased from 3-23-1935, to 4-1-1935I last saw him alive on 4-1-1935 Death is saidto have occurred on the date stated above, at 3:15 a.m.

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

Bronchial Pneumonia Date of onset 3-23-35Other contributory causes of importance: UndernourishedName of operation none 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) G. A. Palisch, M. D.(Address) 3. 1/2 S. 1st St., Hitterberg, 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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