

Dr. Mitchell

Do not use this space.

MAY 31 1937

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

File No. 17264
Registered No. 56
St. _____ Ward _____

1. PLACE OF DEATH

81 County Phelps
Township Cold Spring
City _____ No. _____

Registration District No. 679
Primary Registration District No. 5907

2. FULL NAME

Walter Goethe

(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>Male</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>Katherine Homer Goethe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13, 1864</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>0</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Stassfurt Germany</u>		
13. NAME <u>Rudolph Goethe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stassfurt Germany</u>		
15. MAIDEN NAME <u>Frederika Smitherky</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stassfurt Germany</u>		
17. INFORMANT <u>Harry Rudolph Goethe</u> (ADDRESS) <u>Rolla Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Peace Lutheran</u> DATE <u>4/12</u> 19 <u>37</u>		
19. UNDERTAKER <u>Mrs. Harry McLaw</u> (ADDRESS) <u>Rolla Mo.</u>		
20. FILED <u>April 12, 1937</u> <u>Joe F. Cyers</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1937, to Apr 11 1937
I last saw him alive on Apr 5 1937. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:
Cardio-Vascular-Respiratory Disease (Date of onset) DK

Other contributory causes of importance: None

Name of operation _____ Part of _____
What test confirmed diagnosis? Phys. Exam 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) J. R. Mitchell M. D.
(Address) Rolla 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.

