

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

Do not use this space.

4 JUL 29 1937

1. PLACE OF DEATH

County Lafayette
Township
City Higginsville, (No. 2)

Registration District No. 460
Primary Registration District No. 4274

File No. 24109
Registered No. 1
St. 1 Ward 1

2. FULL NAME Annie E. Goring

(a) Residence, No. 133 St. 1 Ward 1
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Goring
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 May 1874
7. AGE YEARS 63 MONTHS 1 DAYS 23 If LESS than 1 day, hrs. or min. 35

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Concordia, Mo.

MOTHER 13. NAME John Lindhorst

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

15. MAIDEN NAME Annie Hasse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louella Goring (ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE 30 June 1937

19. UNDERTAKER A. H. Hader (ADDRESS) Higginsville, Mo.

20. FILED July 1, 1937 Tiffany Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1937

22. I HEREBY CERTIFY, that I attended deceased from May 1, 1936, to June 28, 1937.
I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 5 PM.

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

Apoplexy
Arteriosclerosis of Blood vessels
Hemiplegia
Hypertension

Date of onset 6-28-37
1925
July 1936

Other contributory causes of importance: (3)

Name of operation none Date of none
What test confirmed diagnosis? none 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Emmet M. Mook, M. D.
(Address) Higginsville, 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.

