

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

44827
Do not use this space.

1. PLACE OF DEATH **2**
 (a) County Wayne Registration District No. 895
 (b) Township _____ Primary Registration District No. 6197 Registered No. 9
 (c) City Superior (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME GEORGE WASHINGTON GORGIN
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Student
 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) Superior MO
 FATHER 13. NAME George W. Gorgin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leesville MO
 MOTHER 15. MAIDEN NAME Bertha Roberts
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millersburg MO
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Millersburg DATE _____
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Bone
 20. FILED 1-10 1939 Ms. J. H. Bone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____
 22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1938, to 8-23, 19____
 I last saw him alive on Aug. 23, 1938. Death is said to have occurred on the date stated above, at 12:09 m.
 The principal cause of death and related causes of importance were as follows:
Myocardial infarct Date of onset _____
 Other contributory causes of importance: 1
 Name of operation _____ 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) J. H. Bone, M. D.
 (Address) Superior 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

44827A
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 873-
(b) Township North Spring Primary Registration District No. 6197 Registered No. 9
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. George W. Goggin St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25th 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Aug 20th 1938 to Aug 25th 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30th 1923

I last saw him alive on Aug 25th 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 9 25

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

Typhoid fever

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leper Mo.

Other contributory causes of importance:

13. NAME Geo W Goggin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leper Mo.

15. MAIDEN NAME Bertha Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Spring Mo.

17. INFORMANT (ADDRESS) Geo. Goggin Sr Leper Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) Norman W. Hish
Leper Mo.

Name of operation _____ 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) J.C. Giles, M. D.

20. FILED 1-10 ..39. Mrs. G. H. Bone (Address) Piedmont Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

