

AUG 31 1936

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

Do not use this space.

244  
29658

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City (No. ....) St. .... Ward .....

2. FULL NAME

*John Goebel*  
(a) Residence, No. *State Hospital # 3* St. .... Ward .....

Length of residence in city or town where death occurred *1* yrs. *5* mos. *21* 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) *married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Philomena Goebel*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 13, 1874*  
7. AGE YEARS *62* MONTHS *1* DAYS *1* IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farmer*  
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) *Henry Co. Mo.* (STATE OR COUNTRY)

FATHER 13. NAME *Peter Goebel*  
14. BIRTHPLACE (CITY OR TOWN) *German* (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Caroline Tich*  
16. BIRTHPLACE (CITY OR TOWN) *German* (STATE OR COUNTRY)

17. INFORMANT *Rudolph H. Goebel* (ADDRESS) *Hickman Mills, Mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 13/36*  
22. I HEREBY CERTIFY That I attended deceased from *Jan. 7 2, 1935* to *July 13, 1936*  
I last saw him alive on *July 11, 1936* Death is said to have occurred on the date stated above, at *11:45 A.M.*

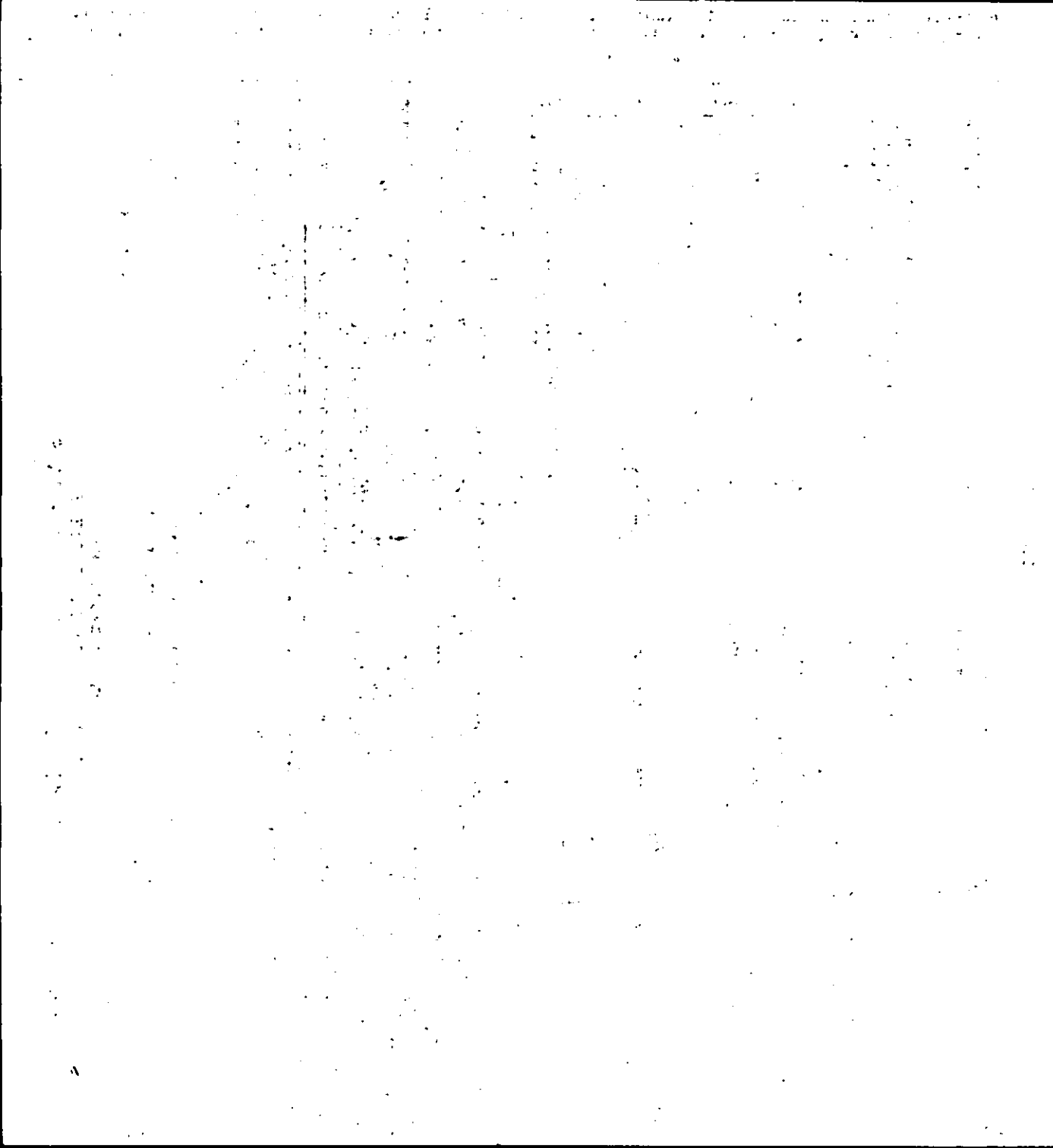
The principal cause of death and related causes of importance were as follows:  
*Arteriosclerosis* Date of onset ?  
*97*  
Other contributory causes of importance: *Heart exhaustion* (with)

Name of operation *none* Date of .....  
What test confirmed diagnosis? *Clinical* 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) *T. T. O'Fallon* M. D.  
(Address) .....

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.



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

Do not use this space.

**1. PLACE OF DEATH**

County Vernon  
Township Washington  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 875  
Primary Registration District No. 6162

File No. \_\_\_\_\_  
Registered No. (244)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. John Soebel  
(Usual place of abode) State Hosp #3 St. \_\_\_\_\_ Ward \_\_\_\_\_

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

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

22. I HEREBY CERTIFY, that I attended deceased from Jan 22 1935 to July 13, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1874

I last saw alive on July 13, 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 62 1 1

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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 \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leroy Co., Mo.

Arterio Sclerosis  
Heart Exhaustion  
Date of onset \_\_\_\_\_

13. NAME Peter Soebel

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

15. MAIDEN NAME Caroline Tack

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

17. INFORMANT (ADDRESS) Randolph H. Soebel Hickman Mill

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo. DATE July 15, 1936

19. UNDERTAKER (ADDRESS) Wilkinson & Co. Clinton Mo.

20. FILED Aug 21, 1936 M. Eichinger Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chem 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. J. O'Dell, M. D.

(Address) Nevada, Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

so that it may be properly classified.

STATE  
BIRTHPLACE

2000  
 10. Date of birth (month and day)  
 11. Date of birth (month and day)  
 12. Date of birth (month and day)  
 13. Date of birth (month and day)  
 14. Date of birth (month and day)  
 15. Date of birth (month and day)  
 16. Date of birth (month and day)  
 17. Date of birth (month and day)  
 18. Date of birth (month and day)  
 19. Date of birth (month and day)  
 20. Date of birth (month and day)

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