

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

Do not use this space.

1. PLACE OF DEATH

County Clark
 Township Lincoln
 City (No.) (Ward)

Registration District No. 190
 Primary Registration District No. 3261

File No. 2415
 Registered No. 7

2. FULL NAME

Malinda Gohring 1652,
 (a) Residence, No. J. 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Clark Co, Missouri

13. NAME John Lohsenbecker

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

15. MAIDEN NAME Barbara Hofen

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

17. INFORMANT (ADDRESS) Mrs. Max Heine
Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Cem. DATE Feb 2, 1938

19. UNDERTAKER (ADDRESS) Fred Karle
Kahoka Mo.

20. FILED Feb 2, 1938 JRB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1938

22. I HEREBY CERTIFY that I attended deceased from Jan 30, 1938 to Jan 31, 1938

Last saw him alive on Jan 31, 1938 Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Other contributory causes of importance:
Influenza

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? FEB 23 1938 (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. B. ... M. D.

(Address) Kahoka Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

