

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

Do not use this space.

37026

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Ran Primary Registration District No. 1002
 City Kansas City (No. General Hospital) St. 3 Ward

File No. 51
 Registered No. 11251

2. FULL NAME

(a) Residence. No. 3406 Euclid St. 13 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 21 yrs. mos. 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) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 | 6 | 6 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jeweler
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Wis.

10. NAME OF FATHER

Michael Goff

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER

Margaret Pollock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT Mrs. Sue Goff Bush
 (Address) 3406 Euclid Ave.

15.

FILED 12/23, 1927 M. M. Cronin
 REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1927

17. I HEREBY CERTIFY, That I attended deceased from 12/21/27 to 12/21/27, 1927, and that I last saw him alive on 12/21/27, 1927, and that death occurred, on the date stated above, at 10:45 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia (Primary)
108

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry G. Gough, M. D.

12/22, 1927 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Elmwood Cemetery

DATE OF BURIAL

12/23/27

20. UNDERTAKER

The Freeman Mortuary 42 Baltimore

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.

