

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

Do not use this space.

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.

**PLACE OF DEATH**

County Godaway  
Township Barnard  
City Barnard (No. ....)

Registration District No. 617  
Primary Registration District No. 4368

File No. 24603  
Registered No. 17  
St. .... Ward)

**2. FULL NAME**

James A. Goforth

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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 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 Charity

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
72 9 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Harness & Shoe Shop  
(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) Indiana

10. NAME OF FATHER William Edward Goforth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Larima Warner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT John Goforth  
(Address) Barnard, Mo.

15. FILED 7/11, 1928 Chas. D. Humbert REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from June 30 1928 to July 5 1928 that I last saw him alive on July 3 1928, and that death occurred, on the date stated above, at 8 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy - cerebral hemorrhage  
7/4/28 (duration) yrs. mos. ds. 6 ds.  
CONTRIBUTORY (SECONDARY) .....

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) James A. Larabee

7/11, 1928 (Address) Barnard

\*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 Barnard, Mo. DATE OF BURIAL July 7 1928

20. UNDERTAKER Dean Campbell ADDRESS Barnard

