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

Do not use this space.

2277

FEB 20 1931

1. PLACE OF DEATH
County Nodaway
Township Grant
City ..... (No. ..... St. ..... Ward)

Registration District No. 617
Primary Registration District No. 5819

File No. .....
Registered No. .....

2. FULL NAME Mary Smith Goforth

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 - 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	3	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Savannah
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Elijah Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salem
(STATE OR COUNTRY) Clark Co Ind
12. MAIDEN NAME OF MOTHER Susannah Cobble
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) near Salem
(STATE OR COUNTRY) Clark Co. Ind.

14. INFORMANT Mrs Maud Sell
(Address) Barnard, Mo

15. FILED 1/31, 1931 Chas. D Humbert M.D. REGISTRAR
Feb 7-31 C. P. Fryer M.E.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 31 1931

17. I HEREBY CERTIFY, That I attended deceased from December 16, 1930, to January 31, 1931 that I last saw her alive on January 31, 1931, and that death occurred, on the date stated above, at 12:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-Vascular-Renal Syndrome
131
more than (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
131 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical only
(Signed) Chas. D Humbert M.D.
1/31, 1931 (Address) Barnard, Missouri

*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 Masonic Cem., Barnard, Mo
DATE OF BURIAL 2/2 1931

20. UNDERTAKER W Dean Campbell, Barnard, Mo.
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.