

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

Do not use this space.

18584

**1. PLACE OF DEATH**

County Wrightington  
Township \_\_\_\_\_  
City Lehlicolthe (No. \_\_\_\_\_)

Registration District No. 508  
Primary Registration District No. 3026

File No. \_\_\_\_\_  
Registered No. 59  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Clara B. Goffer

(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 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27-1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceries No. 5  
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) Deqraft Ohio

13. NAME Blissha Goffer

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

15. MAIDEN NAME Elizabeth Jones

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

17. INFORMANT Anna Goffer  
(ADDRESS) Lehlicolthe Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Monmouth Mo DATE May 25-1931

19. UNDERTAKER Jas D Gordon  
(ADDRESS) Lehlicolthe Mo

20. FILED 5/23 1931 Heubew Barney  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-22-1931

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931 to May 22, 1931  
I last saw alive on May 21, 1931. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Cancer of cervical glands

Other contributory cause of importance

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_

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) R. J. Zimmerman, M. D.  
(Address) Lehlicolthe, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1931

