

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

Do not use this space.

1. PLACE OF DEATH

County Shelby Registration District No. 831 File No. 20274
 Township Black Creek Primary Registration District No. H504 Registered No. 17
 City Shelbyville (No. _____) St. _____ Ward _____

2. FULL NAME

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 | 3 | 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor (Court House)
 (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) Monroe Co. Mo

PARENTS

10. NAME OF FATHER Geo. Goe

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

12. MAIDEN NAME OF MOTHER Amanda Betts

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

14. INFORMANT Margie Goe (Address) Shelbyville, Mo

15. FILED May 21 1931 Emmett G. Haverstick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11, 1931

17. I HEREBY CERTIFY That I attended deceased from Apr 29, 1931, to May 11, 1931, that I last saw him alive on Apr 30, 1931, and that death occurred, on the date stated above, at 3:57 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Intestines
#601
About (duration) yrs. 3 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
 (Signed) H. G. [Signature], M. D. (Address) Shelbyville, Mo

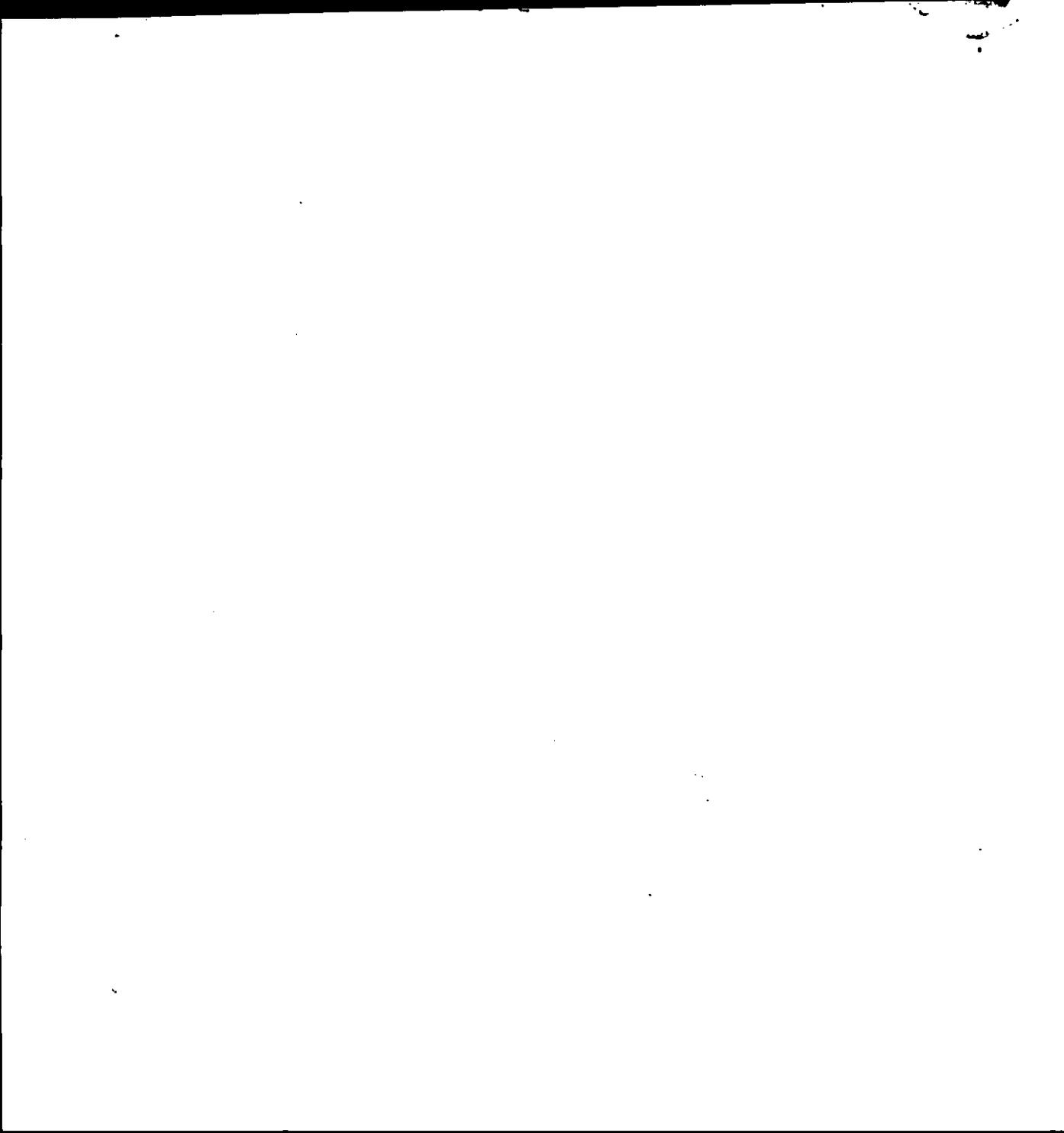
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL I.O.O.F. Cemetery DATE OF BURIAL May 13 1931

20. UNDERTAKER J.W. Thompson Son ADDRESS Shelbyville Mo

561 62

31 30



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shelby
Township Shelbina
City Shelbina (No. _____)

Registration District No. 831
Primary Registration District No. 4314

File No. _____
Registered No. 12
St. _____ Ward) _____

2. FULL NAME

Eliza Thos. Goe
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1931

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Cardiac infarction, not person working when taken!

13. NAME _____

400

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER (ADDRESS) _____

(Signed) W. E. Johnson, M. D.
(Address) Shelbina, Mo.

20. FILED May 13, 1931 Emmette A. Howerton Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

USE OF DEATH IN plain terms, so that it may be properly understood

5-20274