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

Do not use this space. 25769

1. PLACE OF DEATH
County Nodaway Registration District No. 617
Township Primary Registration District No. 4368
City Barnard Mo (No. , St. Ward)
File No.
Registered No. 16

2. FULL NAME Charity R. 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

WHITE 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.

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 (OR) WIFE OF: John A Goforth
6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 18 1861
7. AGE — YEARS: 70 MONTHS: 2 DAYS: 13 IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Woodhouse Canada
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Henry Winters White
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Pennsylvania
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Lydia Bonwarte
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Miss Lois Goforth
(Address) Barnard, Missouri
15. FILED 7/3, 1931 Chas D Hunter Reg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 1 1931
17. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to July 1, 1931, that I last saw h[illegible] alive on June 29, 1931, and that death occurred, on the date stated above, at 4:00 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Stomach
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): none
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) J P Wilson, M. D
7/3, 1931 (Address) Peacedale 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: Masonic, Barnard — DATE OF BURIAL: July 3 1931
20. UNDERTAKER: W D Campbell — ADDRESS: Barnard Mo