

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

Do not use this space.

**1. PLACE OF DEATH**

County Black  
 Township Union  
 City (No. ....) .....

Registration District No. 190  
 Primary Registration District No. 3565

File No. 25774  
 Registered No. 39111  
 St. .... Ward)

**2. FULL NAME**

Iida Roy Goben

(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**

Female

**4. COLOR OR RACE**

W.

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

Widowed

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

Henry Goben

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

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

67

2

3

**OCCUPATION**

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

at Home

**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**

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

Jamestown Ohio

**FATHER**

**13. NAME**

Elijah Roy

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

Ohio

**MOTHER**

**15. MAIDEN NAME**

Anna Winter

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

Ohio

**17. INFORMANT (ADDRESS)**

Ernest Goben  
Williamstown Mo.

**18. BURIAL, CREMATION, OR REMOVAL**

**PLACE**

Kabota Cem

**DATE**

Sept 2, 1931

**19. UNDERTAKER (ADDRESS)**

Fred J. Kalle  
Williamstown Mo.

**20. FILED**

9/2

31

J. R. Bridges

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Aug 31, 1931

**22. I HEREBY CERTIFY, That I attended deceased from**

Aug 12, 1930, to Aug 30, 1931

I last saw him alive on Aug 30, 1931. Death is said

to have occurred on the date stated above, at 5:30 A.M.

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

Date of onset

Carcinoma of the uterus

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Laboratory 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 ..... 19.....

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?**

If so, specify .....

(Signed) W. C. G. Todd M.D.

(Address) Williamstown Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. EXERCISE - PHYSICIANS SHOULD STATE IN WHAT KIND OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY.

SEP 22 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County..... Clark ..... Registration District No. .... 190 ..... File No. ....  
 Township..... Union ..... Primary Registration District No. .... 5265- ..... Registered No. ....  
 City..... Ida Ray Toben ..... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28<sup>th</sup> 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 | 2 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 9/2 31 J.R. Bridges REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 19 31

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

\*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

REGISTRA NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED B.  
 N. H. H. — Every item of information should be carefully supplied. U.S. should be stated EXACTLY. PARTICULARS OF OCCUPATION is very important. Exact statement of OCCUPATION is very important. Plain terms, so that it may be properly classified.  
 CALLED BY CP.D.

SUPPLEMENTARY

5-27774