

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

Do not use this space.

36714

1. PLACE OF DEATH

County North
Township Phillip
City Grant City (No. _____)

Registration District No. 904
Primary Registration District No. 6210

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maryetta Goff
(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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isidore H. Goff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 12

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) Grant City
(STATE OR COUNTRY) _____

10. NAME OF FATHER Phillip Stube

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

12. MAIDEN NAME OF MOTHER Lucinda Stump

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

14. INFORMANT E. G. Goff
(Address) Grant City, Mo.

15. FILED Oct 15, 1931 Laura Johnson REGISTRAR
Mrs. Green

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct-13 1931 to Oct-15 1931
that I last saw her alive on Oct-15, 1931, and that death occurred, on the date stated above, at 10 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
460 460 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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? Special findings

(Signed) J. Ross, M. D.

.19 (Address) Grant City, 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 Honey Lane Cemetery DATE OF BURIAL 10/16/1931

20. UNDERTAKER Arch C. Dunfee ADDRESS Grant City

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.

NOV 28 1931

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