

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

Do not use this space.

1. PLACE OF DEATH

County Duchman

Registration District No. 85

Township

Primary Registration District No. 1001

City St Joseph, Mo. (No. 1910 South 24th)

File No. 200

Registered No. 33

St. _____ Ward _____

2. FULL NAME

Sadie D. Goff

(a) Residence, No. 1910 South 24th 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 | 0 | 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Filmore Missouri

FATHER 13. NAME James F. DeBord

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Filmore, Missouri

MOTHER 15. MAIDEN NAME Mary L. Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia Missouri

17. INFORMANT (ADDRESS) James A. Goff St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Filmore, Mo. DATE January 13, 1932

19. UNDERTAKER (ADDRESS) Fleegman, Funeral Home, St Joseph, Mo.

20. FILED JAN 12 1932 John L. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1932

22. I HEREBY CERTIFY That I attended deceased from 1-8, 1932 to 1-11, 1932

I last saw him alive on 1-11, 1932 Death is said

to have occurred on the date stated above, at 12:30 a.m.

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

12 v B
Obstruction of bowel
caused by adhesions from a previous operation

Date of onset 1/8/32

Other contributory causes of importance: 1 2 3

Name of operation freeing of constriction of bowel Date of 1/11/32
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. S. Pranson, M. D.

(Address) 1017 1/2 W. Moore

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.

JAN 23 1932

