

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

Do not use this space.

9134

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH
58 County Finn Registration District No. 1084
Township Jason Primary Registration District No. 5-6-62
City (No. St. Ward)

2. FULL NAME John Alexander Goach
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Paulina D. Goach
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9. 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Finn (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Alexander Goach
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary F. Pragg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT C.A. Goach (Address) Finn - Mo.

15. FILED 3-19-1932 J.M. Canada REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-9- 1932
17. I HEREBY CERTIFY, That I attended deceased from Mar 6- 1932 to Mar 9- 1932 that I last saw him alive on Mar 8, 1932, and that death occurred, on the date stated above, at 2 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Enlarged prostate
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? DATE OF ...
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A.P. Fleming, M. D.
, 19 (Address) Ordway

*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 Mt. Olive Cem. DATE OF BURIAL 3-10 1932

20. UNDERTAKER C. J. Robertson ADDRESS Lardo

N. B.—Every item of information should be carefully supplied. Accuracy of information is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1932

