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.

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

Do not use this space.

34610

JAN 8 1933

1. PLACE OF DEATH
1 County Adair — Registration District No. 4 — File No.
2 Township — Primary Registration District No. 3001 — Registered No. 174
7 City Kirksville (No. ... St. ... Ward)

2. FULL NAME Dr. Grandison G. Goben

(a) Residence, No. 601 East McPherson St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
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: Ora Bell Goben

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-2-1844

7. AGE: Years 88 — Months 7 — Days 4 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
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): 1932
11. Total time (years) spent in this occupation: 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Levi F. Goben
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington

MOTHER
15. MAIDEN NAME: Catherine Crist
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Ora Bell Goben, 601 E. McPherson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Hill DATE: 11-9-1932

19. UNDERTAKER (ADDRESS): Dee Riley, Kirksville Mo

20. FILED: Nov 10, 1932 Mrs C. L. Becker, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-6-1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1932, to Nov-6-, 1932. I last saw him alive on Nov 5, 1932. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	
9 yrs	
22	
1 yr	
Other contributory causes of importance:	
Senility and	
Arteriosclerosis	

Name of operation: None — Date of: ✓
What test confirmed diagnosis? ✓ — 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? No
If so, specify ✓
(Signed) E. A. Grimes, M. D.
(Address) Kirksville, Mo

1932-71-6
1844-4.2
88-7-4