

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

Do not use this space.

46920

1. PLACE OF DEATH

75 County Oregon
Township Appleland
City Rover, Mo. (No. _____)

Registration District No. 634
Primary Registration District No. 54837

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

2. FULL NAME

J. H. Golliff
(a) Residence, No. Rover - Mo
(Usual place of abode)

Ward _____

(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 ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Rover Missouri

13. NAME Naudel Golliff

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

15. MAIDEN NAME Margaret Ruddleston

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

17. INFORMANT (ADDRESS) J. H. Golliff, West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Golliff DATE 12-20-1937

19. UNDERTAKER (ADDRESS) McFarland's West Plains, Mo.

20. FILED Dec 20 1937 Luanda Smoot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1930 to December 18, 1937

I last saw him alive on December 30, 1930 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Cerebral Hemorrhage (Date of onset 12/17/37)
arterio-sclerosis (Date of onset 1928?)
Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1937

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) J. H. Golliff M. D.
(Address) West Plains, Mo.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1937

