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.

APR 25 1934

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

Do not use this space.

11670

1. PLACE OF DEATH

County Texas — Registration District No. 865 — File No.

Township Cass — Primary Registration District No. 6143 — Registered No. 33

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Goforth

(a) Residence, No. ..... St., ... 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 F. | 4. COLOR OR RACE W. | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 – 34

7. AGE YEARS | MONTHS | DAYS — | If LESS than 1 day, 1 hrs. or ..... min.

OCCUPATION

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

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) Douglas Co Mo

FATHER

13. NAME Fred Goforth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo

MOTHER

15. MAIDEN NAME Doris Goodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Mo

17. INFORMANT (ADDRESS) Jesse Goodman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sulp. DATE 3-13 1934

19. UNDERTAKER (ADDRESS) Jim. Hunton

20. FILED 3-20, 1934 R. P. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Mar 12, 1934 Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Premature Birth — Date of onset

159

159

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) W. P. Herron, M. D.

(Address) Houston, Mo