

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County HENRY  
Township Osage  
City Brunswickton Mo (No. ....)

Registration District No. 348  
Primary Registration District No. 4200

File No. 12656  
Registered No. 338  
St. .... Ward

2. FULL NAME Wm. Bush Goff

(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 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 R. B. Goff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 1 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-keeper  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

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

13. NAME Thomas L. Thompson

14. BIRTHPLACE (CITY OR TOWN) Albany (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mancey Thompson

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

17. INFORMANT G. G. Goff (ADDRESS) Brunswickton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany Mo DATE 4-25-34

19. UNDERTAKER J. H. Hiest (ADDRESS) Deepwater Mo

20. April 24 1934 C. P. Taylor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 22 1934 to Apr-24 1934  
I last saw her alive on Apr 24 1934 Death is said to have occurred on the date stated above, at 2:10 a.m.

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

Cerebral Hemorrhage 4/24/34  
AAA

Other contributory causes of importance: 8201

Name of operation ..... 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.

Nature of injury 10  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) G. G. Goff M. D.  
(Address) Brunswickton Mo

