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.

JUN 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County Washington
Township Union
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 618 R

File No. 19296
Registered No. .....

2. FULL NAME Emma Carolyn 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17. 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
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) Washington Co. Mo.

FATHER
13. NAME Wm. Goff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Elizabeth Gilbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecitut

17. INFORMANT (ADDRESS) Elmer Goff Cadet Mo. R.1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cadet R.1. DATE 5/17.34, 19

19. UNDERTAKER (ADDRESS) J.B.Boyer & Son Potosi Mo.

20. FILED May 17 1934 G.F. Cresswell Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1934, to May 16, 1934
I last saw her alive on May 15, 1934 Death is said to have occurred on the date stated above, at 2.30 A m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
[illegible] A
77 82a1

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

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) G.F. Cresswell, M. D.
(Address) Potosi