

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.

JUL 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Mc Donald  
Township White Rock  
McDonald, Pea Ridge, Ark.

Registration District No. 1149  
Primary Registration District No. 3011

File No. 25410

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Mc Cool</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4 1856</u>		
7. AGE	YEARS	MONTHS
<u>78</u>	<u>6</u>	<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>Lifetime</u>
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) <u>1926</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co. Mo.</u>		
13. NAME <u>Arch Goff</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ky</u>		
15. MAIDEN NAME <u>Elizabeth Page</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ky</u>		
17. INFORMANT (ADDRESS) <u>Elwood Goff</u> <u>Pea Ridge Ark.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pea Ridge Cem.</u> DATE <u>7/7</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Ralph Miller</u> <u>Pea Ridge, Ark.</u>		
20. FILED _____, 19____ Registrar _____		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21 1934, to June 17 1934

I last saw him alive on June 12 1934 Death is said

to have occurred on the date stated above, at 3:05 a.m.

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

hyperemia of prostate  
Senility  
51C  
162  
Other contributory causes of importance 51

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

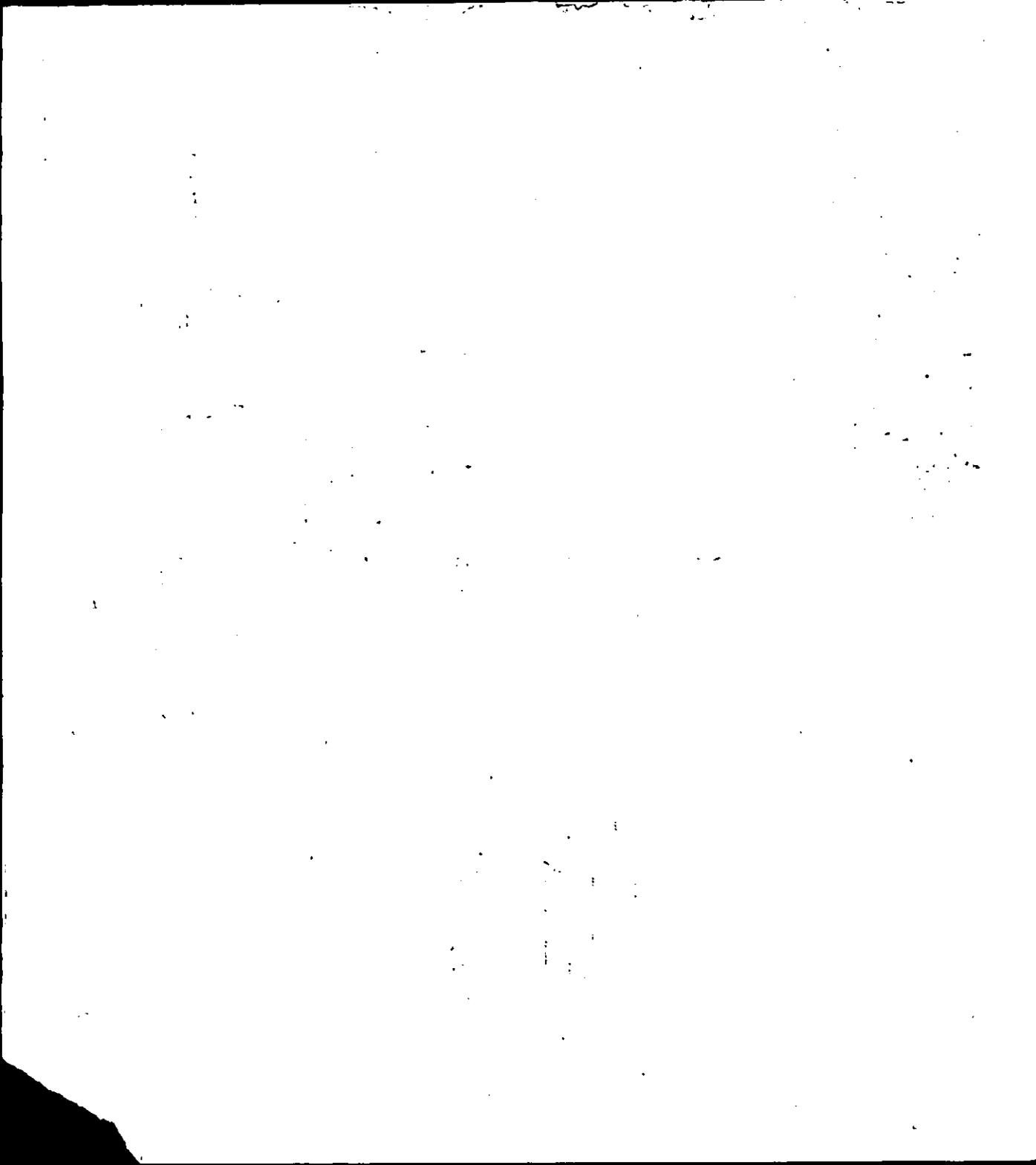
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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) B. W. Johnson M. D.  
(Address) Bentonville Ark.



*McDonald*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: William Henry Goff  
Who died at \_\_\_\_\_ on 7-6-1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 28 Months 6 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_

Signature of Registrar Lee O. Carnell Date filed 7-31-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,  
Reg. Dist. No. 1149  
Primary Reg. Dist. No. 5697  
E. T. McLaugh, M.D.  
Special Agent. K.

S-25410