

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.

SEP 19 1934

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

Do not use this space.

31791

1. PLACE OF DEATH

County North
Township Witchell
City Grant City

Registration District No. _____
Primary Registration District No. _____

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

2. FULL NAME

Edward Franklin Goff

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. _____
How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
64 10 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Grant City, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Charles Goff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Meekling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT Roy Goff
(Address) Grant City, Mo.

15. FILED Sept 18, 34 Fred Mull REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1934 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1934, 1934, to Aug 16, 1934, that I last saw h. _____ alive on _____, 1934, and that death occurred, on the date stated above, at Nine A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombus
Secondary Arteriosclerosis

CONTRIBUTORY (SECONDARY) 94 yrs (duration) yrs. _____ mos. _____ ds. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) O. L. Tullerton, M. D.

, 19 _____ (Address) Bedding Town

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grant City, Mo. DATE OF BURIAL Aug 18 1934

20. UNDERTAKER Arch C. Campbell ADDRESS Grant City, Mo.

