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.

JAN 1 8 1935

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

Do not use this space.

1. PLACE OF DEATH
County Lafayette — Registration District No. 460 — File No. 43488
Township — Primary Registration District No. 4274 — Registered No. 8
City Higginsville, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Pearl Goff

(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Mr. Wm. Goff (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1878

7. AGE — YEARS: 56 — MONTHS: 0 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) near Higginsville, Mo

FATHER
13. NAME Calvin Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary Fox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover, Mo.

17. INFORMANT (ADDRESS) Walter L. Brown

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Dec. 15 1934

19. UNDERTAKER (ADDRESS) A. H. Hader Higginsville, Mo.

20. FILED Dec 13, 1934 W. C. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934, to Dec 13, 1934
I last saw her alive on Dec 13, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris =	12-12-34

Other contributory causes of importance:
Chr. myocarditis - over 2 years
Chr. nephritis - over 8 mos.

Name of operation None Date of
What test confirmed diagnosis? Ship finding Hemalysis 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. Kepperbaum, M. D.
(Address) Higginsville, Mo.