

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

Do not use this space.  
**21798**

**1. PLACE OF DEATH**

County Washington  
Township Belgrade  
City (No. ....) , ..... St. .... Ward

Registration District No. 886  
Primary Registration District No. 0183

File No. ....  
Registered No. 8

**2. FULL NAME** Joseph Melvin Goforth

(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 <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>Ottie Goforth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21 1866</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>4</u>	DAYS <u>28</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</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) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Belgrade (STATE OR COUNTRY) Mo.

13. NAME Allen Goforth

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

15. MAIDEN NAME Cornelia L. Henderson

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

17. INFORMANT Marvin Goforth (ADDRESS) Belgrade Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belgrade Mo. DATE May 21 1936

19. UNDERTAKER White & Son Linton Co. (ADDRESS) (Thomas Chappel)

20. FILED June 17 1936 Mrs. E. L. White Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to May 19 1936.  
I last saw him alive on May 10 1936. Death is said to have occurred on the date stated above, at 8.00 P.m.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance

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? No  
If so, specify.....  
(Signed) H. F. Russell, M. D.  
(Address) Belgrade Mo.

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.

