MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 7223
Township Mason — Primary Registration District No. 3079 — Registered No. 13
City Hannibal (No. 1012, Fulton St. Ward)

2. FULL NAME David Price Goe
(a) Residence, No. 1012 Fulton 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Fannie Goe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 15 1861
7. AGE: Years 75, Months 3, Days 7. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car Repairer (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad
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): Shelby Co., Missouri

FATHER
13. NAME: Ovid Franklin Goe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

MOTHER
15. MAIDEN NAME: Jerminia Jane Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data

17. INFORMANT (ADDRESS): Mrs Laura Fannie Goe, 1012 Fulton, Hannibal, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grand View DATE: Feb. 24 1937
19. UNDERTAKER (ADDRESS): Wm M. Smith, 902 Bdwy - Hannibal Mo
20. FILED: 3/23 1937 H C Fisher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 22, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to Feb 22, 1937
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:
has been sick for last 3 yrs — Date of onset
Arteriosclerosis

Other contributory causes of importance: 97

Name of operation: none — Date of —
What test confirmed diagnosis? Genlogist — 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) A. L. Shanks, M. D.
(Address) Hannibal 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.