

APR 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township ClaytonPrimary Registration District No. 6032City Clayton(No. St. Louis Co. - Hazel)

St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 13460Registered No. 882. FULL NAME Alma Goff (ALMA GOFF)(a) Residence, No. St. Paul Rtd Sherman Mo (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 F 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 Edgar Goff6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 20 - 19107. AGE YEARS 26 MONTHS 9 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home10. Date deceased last worked at this occupation (month and year) Jan - 15 - 1937 11. Total time (years) spent in this occupation 612. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynes Co. Mo

MOTHER FATHER

13. NAME F. I. Mull14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Doris Neels16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Edgar Goff (ADDRESS) Sherman, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Rtd Sherman Mo DATE 3-8-193719. UNDERTAKER Advanced Funeral Home (ADDRESS) Ballwin Mo.20. FILED 3/6 137 Loa; Signorelli Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 5 - 193722. I HEREBY CERTIFY, That I attended deceased from 2/19, 1937, to 3/5, 1937I last saw her alive on 1/10, 1937 Death is said to have occurred on the date stated above, at 3/5/37

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

Fal adressed  
pulm. tuberculosis

Date of onset

5 yrsOther contributory causes of importance no

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1937

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) Gray & Robinson, M. D.(Address) St. Louis Co. 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.

