

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

Do not use this space.

19090

JUN 12 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Van Primary Registration District No. 1002
 City K. C. Mo (No. 315 South Topping) St. _____ Ward _____

2. FULL NAME Larrie D. Goffins
 (a) Residence, No. 315 South Topping Ward. 1
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX ♂ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 8 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Missouri

13. NAME David R. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME Delia Beams

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

17. INFORMANT (ADDRESS) Mrs. B. R. Bennington
315 So. Topping Van

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 5-20-37

19. UNDERTAKER (ADDRESS) Mrs. J. Foster
K. C. Mo

20. FILED May 20, 1937 M. M. Brown
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 - 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1937, to May 18th, 1937.
 I last saw him alive on May 18th, 1937 Death is said to have occurred on the date stated above, at 3 pm in _____

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

Diabetes Mellitus
Chronic Myocarditis
(59)

Date of onset _____

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? medical as 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? _____

If so, specify _____

(Signed) M. F. Seydel, M. D.
 (Address) 818 Rialto Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

00000000
no 0896

12-4

4