

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

Do not use this space.

JUN 23 1937

20601

1. PLACE OF DEATH

County Livingston
Township Fairview
City Avalon, Mo. (No. St. Ward)

Registration District No. 1076
Primary Registration District No. 5680

File No. 6
Registered No. 6

2. FULL NAME James Taylor Goff

(a) Residence, No. St. Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to May 10, 1937
Last saw him alive on May 1, 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 29, 1852

7. AGE YEARS 80 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

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

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

Chronic Myocarditis Date of onset 1932

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.....

Other contributory causes of importance: AB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME George Goff

Name of operation Plumbed Date of NO
What test confirmed diagnosis? Plumbed Was there an autopsy? NO

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

15. MAIDEN NAME Christine Zernburg

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.

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

17. INFORMANT (ADDRESS) Mrs. E. F. Kerr Avalon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Avalon DATE 5-11 19 37

19. UNDERTAKER (ADDRESS) F. B. Norman Chillicothe, Missouri

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) A. Colyer M. D.
(Address) Chillicothe Mo

20. FILED May 11, 1937 Mrs. Chas. Ludwig Registrar

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

OCCUPATION

FATHER

MOTHER

10-16

