

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township WALKERSBURG
City..... (No..... Ward)

Registration District No. 431
Primary Registration District No. 5588

File No. 45767
Registered No. 128

2. FULL NAME

William Madison Goik

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

Wilder Lake

Length of residence in city or town where death occurred yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Gibson Goik

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Lafayette Co. Mo.

13. NAME Benj. Franklin Goik

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

15. MAIDEN NAME Mary Eliz. Lake

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

17. INFORMANT (ADDRESS) Mary E. Browning
Centerville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem. DATE Dec. 11, 1937

19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service
WALKERSBURG MO.

20. FILED Dec 10, 1937 Edna Denby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to Dec 9, 1937, 1937.
I last saw him alive on Dec 9, 1937 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Lungs
never seen him until Nov. 15, 1937
Date of onset not known

Other contributory causes of importance:
no

Name of operation none 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? no 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) E. J. Schofield, M. D.
(Address) Walkersburg Mo.

