

REC'D MAY 11 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Randolph Registration District No. 735  
Township Sugar Creek Primary Registration District No. 5970  
City RF #3 Moberly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 15653  
Registered No. 79

## 2. FULL NAME

Mrs. Elina J. McGoan  
(a) Residence, No. RF #3 Moberly Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 10 1

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. Retired  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Ia

13. NAME Chas. A. Hartshorn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. J.

15. MAIDEN NAME Maria Weider

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

17. INFORMANT Mrs. Marie Wade  
(ADDRESS) RF #3 Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery Moberly Mo. DATE Apr 4 1938

19. UNDERTAKER Snow Funeral Home  
(ADDRESS) Moberly Mo.

20. FILED April 4 1938 Ethel Bleiler  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to Apr 3, 1938.

I last saw her alive on Apr 2, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Senility. Date of onset \_\_\_\_\_

Other contributory causes of importance:  
fractured right hip  
March 28 - 1938

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury 2-28, 1938

Where did injury occur? Home Moberly Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Went to work and fell

Nature of injury Broken vert. of lower

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. Madan, M. D.

(Address) Moberly 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.

