REC'D SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard Registration District No. 84045
Township Duck Creek Primary Registration District No. 61027
City Puxico, Mo. (No. ..... St. ..... Ward)

File No. 30147
Registered No. 27

2. FULL NAME Minnie Josephine Goforth
(a) Residence, No. Puxico, 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 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Goforth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1878
7. AGE YEARS 60 MONTHS DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Illinois

FATHER
13. NAME Joe Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joe Miller Illinois

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Alfred Goforth Puxico, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Puxico Cemetery DATE Aug 10, 1938
19. UNDERTAKER (ADDRESS) Lloyd S. Morgan Advance, Mo.
20. FILED Aug. 10, 1938 Frances Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1938, to Aug. 8, 1938
I last saw her alive on Aug 8, 1938 Death is said to have occurred on the date stated above, at 1 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Causing Uremic Poisoning	

Other contributory causes of importance: Failing Liver with Dropsy

Name of operation ..... 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? ..... 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) Dr. John [illegible] M. D.
(Address) Puxico, Mo.

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