

1939 AUG 11 10 50 AM

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

25102
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 774
(c) City St. Joseph (d) Street No. 632 North 24th. St.
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Caroline Goff
(a) Residence, No. 632 North 24th. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Charles W. Goff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Buchanan County Missouri

FATHER 13. NAME George Phillips Whitman

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

MOTHER 15. MAIDEN NAME Christina Renz

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

17. INFORMANT (ADDRESS) Mrs. J. H. Tourbier 632 North 24th. St. St. Jos. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland, Cemetery DATE July 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meisbauer 1302 Faraon St. St. Joseph, Mo.

20. FILED July 26 1939 W. J. Stallebuck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/18, 1939, to 7/24, 1939
I last saw her alive on 7/23, 1939. Death is said to have occurred on the date stated above, at 2:05 A.
The principal cause of death and related causes of importance were as follows:

Hypertension
arteriosclerosis
Heart Disease
Date of onset
Other contributory causes of importance: Remission

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? MR

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? no

If so, specify Remission of blood
(Signed) _____, M. D.

(Address) Phys. & Surg. Bldg.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or ~~by~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. H. Kelly

Licensed Embalmer No. Missouri #3946

P. O. Address..... St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.