

DEC 17 1938

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

Do not use this space.

1. PLACE OF DEATH
 42 County Henry Registration District No. 347
 4 Township Primary Registration District No. 3018
 42 City Clinton (No. St. Ward) (No. St. Ward)

2. FULL NAME Honora Anna Goffney 150
 (a) Residence, No. 107 W. Roger 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 7 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 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) Carpenter Indus New Jersey

MOTHER
 13. NAME Patience Cordon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Wm Goffney
 (ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE 2-24 38

19. UNDERTAKER Consuela + Beck
 (ADDRESS) Clinton, Mo.

20. FILED 2-26 1938 BY J. R. Hamilton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1938

22. I HEREBY CERTIFY, That I attended deceased from 1:35 to Feb 22 1938
 I last saw her alive on Feb 22 1938 Death is said to have occurred on the date stated above, at 11:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic cardio-renal disease Date of onset Unknown
95 B. I. -
 Other contributory causes of importance: None

Name of operation..... Date of.....
 What test confirmed diagnosis? Chronic Was there an autopsy? No

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.....
 (Signed) S. B. Hughes, M. D.
 (Address) Clinton, 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.

