APR 30 1930

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

Do not use this space.

13235

File No.
Registered No.

1. PLACE OF DEATH

County: Linn
Township: Jackson
City: (No. St. Ward)

Registration District No. 1084
Primary Registration District No. 5662

2. FULL NAME Mary C. Goach

(a) Residence. No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Alexander Goach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 16 - 1836

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
93	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER Stephen J. Philips
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Polly Barkett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT W. J. Goach
(Address) Purdin, Mo.

15. FILED Apr 11 1930 J. M. Canada REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 6, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1930, to Apr. 6, 1930, that I last saw h. E. R. alive on Apr. 6, 1930, and that death occurred, on the date stated above, at 10 P.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach - (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Broken Hip & Old Age (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. L. Martin M.D.
, 19 (Address) Purdin, Mo -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Olive Cem.	H-8 1930
20. UNDERTAKER	ADDRESS
E. J. Robb	Jamesport

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REGISTRATION CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.

County: Linn — Registration District No.: 1084 — File No.: 13235

Township: Jackson — Primary Registration District No.: 5662 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: Mary E. Gooch

(a) Residence. No. 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): W

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

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

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach

(duration) yrs. mos. ds.

RY Broken hip & old age

(duration) yrs. mos. ds.

DISEASE CONTRACTED

PLACE OF DEATH?

RATION PRECEDE DEATH? DATE OF

AN AUTOPSY?

CONFIRMED DIAGNOSIS?

d) , M. D

(Address)

DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

(Address)

15. FILED Apr. 10 19 J. M. Canada REGISTRAR

name above should be Mary E Gooch

Please state how and where accident occurred -

Hip broken by accidental stumble and fall while walking alone around in her own door yard