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

MAY 24 1933

235

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

Do not use this space.

15453

1. PLACE OF DEATH
County Stoddard. Registration District No. 838
Township Primary Registration District No. 4509
City Dexter (No. , St. Ward)

File No.
Registered No. 28

2. FULL NAME Zella J. Goforth
(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 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 R. D. Goforth.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 1 - 1877
7. AGE YEARS 55 MONTHS 5 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
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) Bloomfield Mo.

FATHER
13. NAME - ? - Eaton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo.

MOTHER
15. MAIDEN NAME Elizabeth Walker.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

17. INFORMANT (ADDRESS) Clifford Goforth Doniphan Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter Cemetery DATE 4-24- 1933
19. UNDERTAKER (ADDRESS) C. O. Biggs & Co. Dexter Mo.
20. FILED 4/23/ 1933 F. LaRue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 23 - 1933
22. I HEREBY CERTIFY, That I attended deceased from Apr - 18 - 1933, to Apr - 23 - 1933
I last saw her alive on Apr - 22 - 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute meningitis following focal infection.

Date of onset

Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) Frank LaRue, M. D.
(Address) Dexter Mo