

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.

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

Do not use this space.

1. PLACE OF DEATH

County Andrew Registration District No. 18 File No. 35114
Township Jefferson Primary Registration District No. 50.17 Registered No. _____
City _____ (No. 3 Mi. No. of St. Joseph on Highway #169. Ward)

2. FULL NAME

Charles W. Goff

(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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Caroline Goff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Platte Co., Mo.

13. NAME Abbott P. Goff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksburg, Va.

15. MAIDEN NAME Susan M. Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling, W. Va.

17. INFORMANT (ADDRESS) Mrs. Caroline Goff
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Oct. 8, 1934

19. UNDERTAKER (ADDRESS) Walter Menckhoff
1302 Aaron St. St. Joseph, Mo.

20. FILED Oct 8, 1934 Wm A R King
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1934 to Oct 5 1934
I last saw him alive on Oct 4 1934. Death is said to have occurred on the date stated above, at 3.30 m. A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial pneumonia
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Other contributory causes of importance:
Heart disease

Name of operation _____ Date of _____

What test confirmed diagnosis? Smear Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury Yes, 1934

Where did injury occur? Home
(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? Yes
If so, specify _____

(Signed) Wm A R King M. D.

(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

