

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

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County McDonald Registration District No. 1078 File No. 16895
Township Mountain Primary Registration District No. 5695 Registered No. _____
City Jane (No. _____) St. _____ Ward _____

2. FULL NAME

Jennie 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 50 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Goff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) until last illness 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

13. NAME John Mc Cool

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Minerva Toliver

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

17. INFORMANT J. E. Goff (ADDRESS) Red Ridge, Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Ridge Cem. DATE 4/21 1937

19. UNDERTAKER Ralph Miller (ADDRESS) Red Ridge Ark

20. FILED July 7 1937 George Canipe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19th 1937 to April 20th 1937. I last saw her alive on April 19th 1937. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

myocardial Degeneration
arteriosclerosis Date of onset _____

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

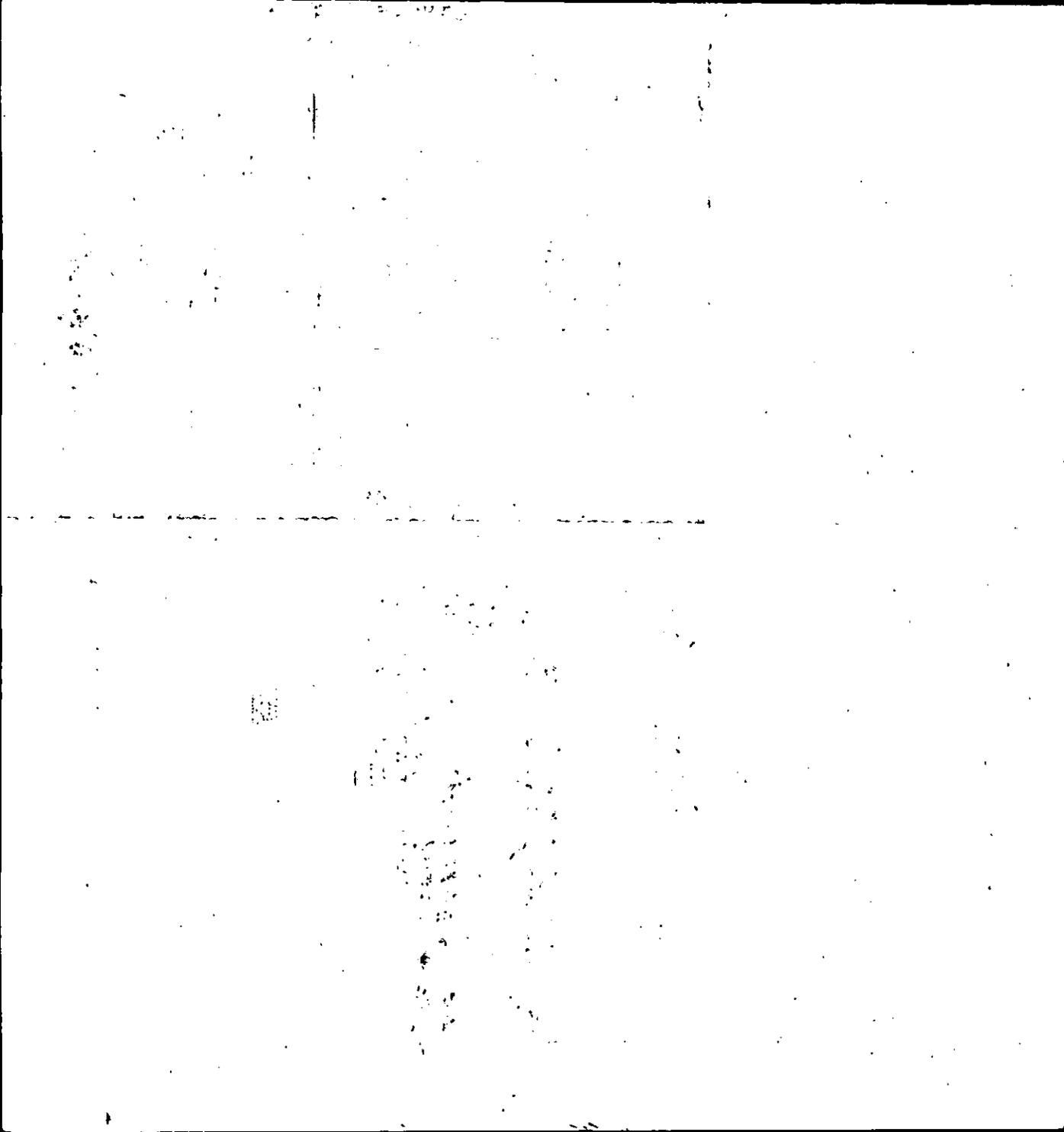
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) O. B. Beatty M.D., M. D.

(Address) Red Ridge, Ark.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Mc Donald
Township Mountain
City (No.) (St.) (Ward)

Registration District No. 1078
Primary Registration District No. 3695

File No. 16895
Registered No.

2. FULL NAME

Jennie Goff

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 1 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mar 1 last illness 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER 13. NAME John Mc Cool
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Minerva Dulliver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) A. E. Goff, Pea Ridge Ark

18. BURIAL, CREMATION, OR REMOVAL PLAC Pea Ridge Ark DATE 4-21 1937

19. UNDERTAKER (ADDRESS) Ralph Miller, Pea Ridge Ark

20. FILED July 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h. alive on 19..... Death is said to have occurred on the day stated above, at m.
The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration also arteriosclerosis Date of onset
Other contributory causes of importance: Chronic Interstitial nephritis

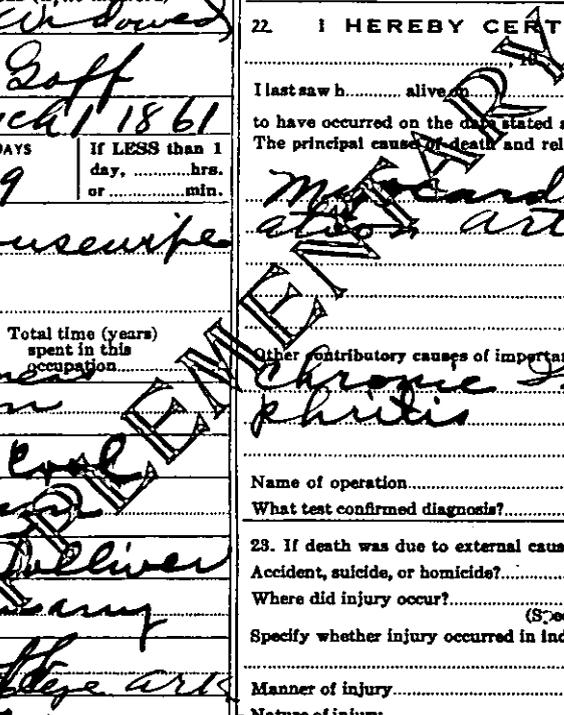
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) D. H. Beatty M. D.
(Address) Pea Ridge Ark

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.



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John J. Good

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