

MAY 31 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Lawrence  
Township St. Lawrence  
City (No. \_\_\_\_\_) \_\_\_\_\_Registration District No. 780  
Primary Registration District No. 6025File No. 17489  
Registered No. 21  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Frank 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cecilia Schmitt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2 1853</u>		
7. AGE	YEARS	MONTHS
	<u>84</u>	<u>0</u>
		DAYS
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>St. Lawrence, Mo</u>		
13. NAME <u>Anton Goff</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Louise Palmer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>August Goff</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Self</u>	DATE <u>April 15 37</u>
19. UNDERTAKER (ADDRESS) <u>Les G. Beaker</u>		
20. FILED <u>Apr 13 1937</u> <u>T.W. Douglas</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 12</u> , 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 5</u> , 19 <u>37</u> , to <u>April 12</u> , 19 <u>37</u> I last saw him alive on <u>April 10</u> , 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>8:30</u> m. The principal cause of death and related causes of importance were as follows: <u>chronic ulcerative colitis</u> Other contributory causes of importance: <u>Secondary Heming</u> Date of onset <u>1-5-37</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Medical</u> Was there an autopsy? <u>NO</u>
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? <u>NO</u> If so, specify _____ (Signed) <u>Arthur S. Suman</u> , M. D. (Address) <u>St. Lawrence Mo</u>

