

1938 OCT 25

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

Do not use this space.

1. PLACE OF DEATH

County Phelps
Township
City Boziah (No. _____) St. _____ Ward _____

Registration District No. 677
Primary Registration District No. 4403

File No. 33026
Registered No. 121

2. FULL NAME

(a) Residence, No. 110112 Hospital Ward. _____
(Under place of spouse)

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 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) Virginia G. Goff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 13

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) 1929 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

13. NAME Samuel Goff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

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

17. INFORMANT Mollie Goff (ADDRESS) 2412 Olive, Grand City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave DATE Oct. 10, 1938

19. UNDERTAKER J. J. Pickler (ADDRESS) Boziah, Mo

20. FILED Oct. 9, 1938 Jos. F. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Oct 9, 1938

I last saw him alive on Oct 8, 1938 Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Senile degeneration of the brain
Date of onset

Other contributory causes of importance:

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) Walter M. Fairbank

(Address) Boziah, Mo

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.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text notes that without clear records, it becomes difficult to track expenses, revenues, and overall performance over time.

2. The second section focuses on the role of technology in modern record-keeping. It highlights how digital tools and software solutions have revolutionized the way data is stored, accessed, and analyzed. These technologies not only reduce the risk of human error but also enable more efficient data management and reporting. The document suggests that organizations should invest in reliable digital systems to streamline their record-keeping processes.

3. The third part of the document addresses the challenges associated with data security and privacy. As more information is stored electronically, the risk of data breaches and unauthorized access increases. It stresses the need for robust security protocols, including encryption, access controls, and regular security audits. Additionally, it discusses the importance of complying with relevant data protection regulations to safeguard sensitive information.

4. The final section discusses the importance of regular audits and reviews. It explains that periodic audits help identify discrepancies, errors, and areas for improvement in the record-keeping process. The document recommends that organizations should establish a clear audit schedule and involve independent parties to ensure objectivity and accuracy. Regular reviews also provide valuable insights into the overall health and efficiency of the organization's data management practices.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33026
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
(b) Township Primary Registration District No. 4403 Registered No.
(c) City Rolla (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Samuel Keroff
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 1833</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	19
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED <u>Dec. 8 1938</u> <u>Joe F. Ayers</u> <u>Phelps</u> <u>Mo.</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1938

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 date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:

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) A. S. Keroff Phelps Mo.
(Address) Phelps Mo.

SUPPLEMENTARY

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

