

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

18809
 Do not use this space.

REC'D JUN 19 1939

1. PLACE OF DEATH

(a) County Reynolds Iron Registration District No. 393
 (b) Township Reynolds Primary Registration District No. 5550
 (c) City Reynolds (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 Everett Alonzo Goggin

(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 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 Etta Kidd, Goggin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	55	5	29	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Farmer
	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) Reynolds County, Mo.

13. NAME James Goggin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County, Mo.

15. MAIDEN NAME Sarah Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black, Mo. Reynolds County,

17. INFORMANT Mathew Harbison. (ADDRESS) Bellevue, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brule DATE April 13 1939

19. FUNERAL DIRECTOR (NAME) Norman White & Sons (ADDRESS) Ironton, Mo.

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8 - 1939, to Apr. 11 - 1939
 I last saw him alive on Apr. 11 - 1939. Death is said to have occurred on the date stated above, at 7:30 am.
 The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset Apr. 8

Other contributory causes of importance:

Arteriosclerosis not known

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) James H. Martin, M. D.

(Address) 355 Ironton, Mo.

WHILE CARRIED WITH UNPAID INK--THIS IS A PERMANENT RECORD

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

X-10895

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
..... Licensed Embalmer No.....
..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.

MISSISSIPPI STATE BOARD OF EMBALMERS

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

5-18809
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No.
(b) Township Adair Primary Registration District No. Registered No.
(c) City New Banner (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

Everett Alonzo Goggin
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Kidd Goggin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 5 29

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) Norman White & Son

20. FILED 19..... Frank A. Volner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1939

22. I HEREBY CERTIFY, That I attended deceased from 19..... 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:

Other contributory causes of importance: Date of onset

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 James H. Martin, M. D.
(Signed) Frank A. Volner (Address) Frankton 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.

5-18809