

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

**26015**  
Do not use this space.

REC'D AUG 4 1939

**1. PLACE OF DEATH**

(a) County Jefferson Registration District No. 420  
 (b) Township Waller Primary Registration District No. 5574 Registered No. 42  
 (c) City Russell Springs, Mo. (d) Street No. \_\_\_\_\_ (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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 100 Kerlie L Goff St.  (If nonresident, give city or town and State)  
R. R. mail - Desoto (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 Mary Burkley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 - 1867  
 7. AGE YEARS 71 MONTHS 6 DAYS 2 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. farming  
 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) Knox Co. Ill.

FATHER 13. NAME W. R. Goff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Ill.

MOTHER 15. MAIDEN NAME Charlotta Love

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Ill.

17. INFORMANT (ADDRESS) Grace Perret, Mo. Pac. Rds. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE July 5, 1939

19. FUNERAL DIRECTOR (ADDRESS) Motherhead, Desoto - Mo.

20. FILED 8/3 1939 Jeneva Danee Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939

22. 6/23 I HEREBY CERTIFY, That I attended deceased from 7-3 to 7-3 1939

I last saw him alive on 7-3 to 7-3 1939 Death is said to have occurred on the date stated above, at 2:40 p. m.

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

Disorder and Entertitis  
120 lb  
 Date of onset 6/24/39

Other contributory causes of importance: Essential Hypertension?

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 \_\_\_\_\_, 1939

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) Chas. E. Fallick, M.D.

(Address) Desoto - Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**