

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

35999
 Do not use this space.

NOV 8 1939

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City (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 ⁴¹⁰ Roy Goff
 (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 M.
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Naomi Goff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 2 9

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	32		9	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 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) Rector Ark

FATHER 13. NAME Roy Edward Goff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rector Ark

MOTHER 15. MAIDEN NAME Goff
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rector Ark

17. INFORMANT (ADDRESS) Naomi Goff
Kenneth Mrs

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS) Lloyd Russell
Ciggatt, Ark

20. FILED 19.....
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-6-1939 to 10-16-1939
 I last saw him alive on 9-2-1939. Death is said to have occurred on the date stated above, at 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Bilateral Pulmonary
Tbc.
 Date of onset 11 3 36

Other contributory causes of importance:

Name of operation Date of operation Sept 1939
 What test confirmed diagnosis? X-ray 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) J. H. Kennedy, M. D.
Kennedy Mrs (Address)

WRITE PLAINLY, WITH UNFADING 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.

50M-7-20-37 I X12004

Missouri State Board of Health
St. Louis, Mo.
1900

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

35999

Do not use this space.

1. PLACE OF DEATH

(a) County Independence Registration District No. 288
 (b) Township Independence Primary Registration District No. 3406
 (c) City Independence (d) Street No. Roy Golf 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.

Registered No.

2. PRINT FULL NAME Roy Golf

(a) Residence, No. Roy Golf 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 M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Naomi Golf
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1907
 7. AGE YEARS 38- MONTHS _____ DAYS 9 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. Sawmill
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 16, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 7-6 to 10-16, 1939
 I last saw him alive on 10-16, 1939. Death is said to have occurred on the date stated above, at 3:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary

Date of onset

Other contributory causes of importance:

Name of operation Sputum Exam 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) J. H. Kern, M. D.
 (Address) Kennett Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rector Ark.
 FATHER 13. NAME Roy Golf
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rector Ark.
 MOTHER 15. MAIDEN NAME Golf
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rector Ark.
 17. INFORMANT (ADDRESS) Naomi Golf
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rector Ark DATE 10-17 1939
 19. FUNERAL DIRECTOR (ADDRESS) Howard Russell
 20. FILED 12-9 1939 Wheeler Davis Local Registrar.

WHITE PLAINLY, WITH UNFADING 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

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