

S. No. 2
M-2-43
5-17-39
X35697

Delayed
28090
State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1945

Registration District No. _____ Primary Registration District No. 249 Registrar's No. _____

14-4-45
1945
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Madison
(b) City or town Clearmont Rural
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 months years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Rodaway
(c) City or town Clearmont
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Estelle Augusta Zoforte
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19 1922
year 1922 hour _____ minute _____
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
7. Birth date of deceased Dec 24 1894 (Month) (Day) (Year)

Immediate cause of death Dr. Hindogian and Max Wiley
Due to one both deceased
Due to both were in affected area during the epidemic
Other conditions death of Estelle Augusta Zoforte
Major findings: Died following the birth of a child
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 27 Months 5 Days 10 If less than one day hr. _____ min. _____
9. Birthplace Bunker Hill Kansas (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business _____
12. Name John Fisher
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Effie H. Yeary
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant John Fisher
(b) Address Clearmont
17. (a) _____ (b) Date thereof June 6 1922 (Month) (Day) (Year)
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation W. Hazel Hill Cemetery
18. (a) Signature of funeral director J. P. Price
(b) Address Maryville Mo
19. (a) Sp 11-1945 (b) Mrs. W. A. Carpenter (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. H. S. Maxwell (M. D. or other) M. D.
Address Hopkins Mo. Date signed _____

1264

DOCUMENTARY EVIDENCE TO ESTABLISH DEATH OF STELLA A. GOFORTH

Notorized statement of Robert A. Goforth, husband of Mrs. Goforth, stating that he had known Mrs. Goforth 15 yrs, before her death, and that she died June 4, 1922, and was buried June 6, 1922. Died following the birth of a son, who was born May 29, 1922.

Notorized statement of Iris Goforth Gray, daughter of Mrs. Goforth, stating that she had known Mrs. Goforth 12 yrs. before her death, and that she died June 6, 1922, and was buried June 4, 1922 in the Hazel Dell Cemetery at Clearmont, Missouri.

Notorized statement of Loodem A. Sturgeon, Hopkins, Missouri, a nurse, stating that she took care of Mrs. Goforth, during her last illness and death. She died after the birth of her son, who was born May 29, 1922, and that Mrs. Goforth died June 4, 1922, and was buried June 6, 1922.

Notorized statement of Mr. Everett A. Gray, Clearmont, Mo. stating that he had known Mrs. Goforth for 10 years, and that she died June 4, 1922, and was buried June 6, 1922, and was buried in the Hazel Dell Cemetery at Clearmont, Mo.

Notorized statement of Mrs. Effie M. Fisher, Maryville, Mo. Stating that she had known Mrs. Goforth for 28 yrs. and that she died June 4, 1922, and was buried June 6, 1922 in the Hazel Dell Cemetery.

STATEMENT BY LICENSED EMBALMER

SEP 20 1922

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. _____

working under my personal supervision.

Signed

J. P. Price
I think it was

Licensed Embalmer No. 1872

P. O. Address

Maryville Mo

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, fact should be so stated above.

I have not seen the body for several years ago. Two boxes are taking my place I am 90 years old.

APR 4 1956