8025

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

413

State File No. _____

ARIZONA

Registered No. 1071

1. PLACE OF DEATH

County: Pima

Township: _____ or Village: _____

City: Tucson No. St. Mary's Hospital St. _____ Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

Length of residence in city or town where death occurred: 18 yrs. ___ mos. ___ ds. How long in U. S. if foreign birth: ___ yrs. ___ mos. ___ ds.

How long in State when death occurred? 37 yrs. ___ mos. ___ ds.

2. FULL NAME: David Beaumont Goff

(a) Residence: No. 504 S. Freemont, Tucson St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Flora McMahon Goff

6. DATE OF BIRTH (month, day, and year): Aug. 2, 1870

7. AGE: Years 67 | Months 4 | Days 14 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher, Cattleman

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): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or Country): Texas

FATHER

13. NAME: William Dennison Goff

14. BIRTHPLACE (city or town) (State or Country): Tenn.

MOTHER

15. MAIDEN NAME: Louise Beaumont

16. BIRTHPLACE (city or town) (State or Country): Tenn.

17. INFORMANT: Joe R. Goff

(Address): Tucson, Arizona

18. BURIAL, CREMATION, OR REMOVAL: Burial

Place: Evergreen Cem. Date: 12/18, 1937

19. EMBALMER: License No. 155

Signature: Verna F. Oyer

FUNERAL DIRECTOR: 74-A. Verna E. Yocum

Address: Tucson

20. Filed: 12-17-, 1937 Lewis H. Stewart, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 16-37

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1937, to Dec. 16, 1937

I last saw him alive on Dec. 16, 1937; death is said to have occurred on the date stated above, at 9:35 A.m.

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

	Date of Onset
Ch. Myocarditis	?

Other contributory causes of importance:

Bronchial Asthma	20-30 yrs
Uremia	

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 _____, 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) W. Wilson, M. D.

(Address) Tucson, Ariz.

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information