

Commonwealth of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

File No. **24034**  
 Registered No. **18**

**PLACE OF DEATH**

County **Muhlenberg**  
 Vol. No. **Wilson Ky**  
 Inc. Town.....

Registration District No. **2139**  
 Primary Registration District No. **19**

City..... (No. ....) St. .... Ward.....

**FULL NAME** **Waneda Goff**

(If death occurred in a hospital or institution, give its name, street and number.)

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** **Female** **COLOR OR RACE** **White** **SINGLE, MARRIED, WIDOWED, OR DIVORCED** **Single**  
 (Write the word)

**DATE OF BIRTH** **September 16, 1916**  
 (Month) (Day) (Year)

**AGE** **6 yrs. 5 mos. 5 ds.** **IF LESS than 1 day... hrs. or... min.?**

**OCCUPATION**  
 (a) Trade, profession, or particular kind of work.....  
 (b) General nature of industry, business or establishment in which employed (or employer) **None**

**BIRTHPLACE** (State or country) **Muhlenberg Co., Ky**

**10 NAME OF FATHER** **William Goff**

**11 BIRTHPLACE OF FATHER** (State or country) **Carter Co., Ky**

**12 MAIDEN NAME OF MOTHER** **Maybelle Seavane**

**13 BIRTHPLACE OF MOTHER** (State or country) **Ohio Co., Ky**

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) **Willie Goff**  
 (Address) **Wilson Ky**

**15** **Filed** **9/22, 1916** **J. B. Weaver, D. P. S.**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** **Sept 21, 1916**  
 (Month) (Day) (Year)

**17** **HENRY BERTYK**, That I attended deceased from **Sept 12, 1916**, to **Sept 21, 1916**, that I last saw him... alive on **Sept 15, 1916**, and that death occurred on the date stated above at **7 P.M.** The **CAUSE OF DEATH** was as follows:

**Cholera Disenteria**  
 (Duration) **300 x 2000** yrs. mos. ds.

**Contributory** (SECONDARY) (Duration) ... yrs. mos. ds.

(Signed) **Charles W. Goff**, M. D.  
**9/22, 1916** (Address) **Wilson Ky**

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

**18 LENGTH OF RESIDENCE** (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death... yrs. mos. ds. in the State... yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

**19 PLACE OF BURIAL OR REMOVAL** **Wilson Creek Church** **9/24, 1916**

**20 UNDERTAKER** **Merton Moore** **Central City**

WRITE PLAINLY WITH INK. THIS IS A PERMITS NOT RECORDS  
 E. S.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.