

The Irvine Times - December 8, 1950

BEVERLEY L. C. GOE IS TAKEN BY DEATH

Descendant of Daniel Boone
Passes Away Tuesday At
Daughter's Home In
West Irvine

FUNERAL SERVICES
THURSDAY 2:00 P. M.

Beverley L. C. Goe, 80, retired L. & N. Railroad Company employee, died Tuesday at the home of his daughter, Mrs. Bert Masters, in West Irvine, after a lingering illness.

He was a great-great grandson of Daniel Boone, Kentucky pioneer and explorer.

Besides Mrs. Masters he is survived by one other daughter, Mrs. Earl Rhodes, Irvine; a son, Walter Goe, Irvine; three brothers, Walker Goe, West Irvine; Arthur Goe, St. Helens, Oregon and Harlan Goe, Prescott, Wash.; seven grandchildren and nine great-grandchildren.

Funeral services were held at the Irvine Christian church Thursday afternoon at 2:00 o'clock, conducted by Rev. Harold Deltch, assisted by Rev. Roy Richardson. Burial in West Irvine cemetery.

Goe, Beverly L C 1870 - 1950

Form V. B. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		50 28711 FILE NO. 116	103 REGISTRAR'S NO.
Registration District No. 445		Primary Registration District No. 5121			
1. PLACE OF DEATH a. COUNTY Estill		2. USUAL RESIDENCE (Where deceased lived or resided before death) a. STATE Ky b. COUNTY Estill			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Irvine		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Irvine	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION West Irvine		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Beverly L. Goe b. (Middle) L. C. c. (Last) Goe		4. DATE OF DEATH 12 18 1950		5. SEX m	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/26/1870	
9. Age in years last birthday 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if unemployed) Railroad		11. BIRTHPLACE (State or foreign country) Ky	
12. FATHER'S NAME Benjamin J. Goe		13. MOTHER'S MAIDEN NAME Mary Francis Howard			
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.		16. INFORMANT Mrs. Earl Rhoades	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES (b) Valvular or mitral stenosis DUE TO (c) Chronic arteriosclerosis and atherosclerosis		19. INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5.700-100-22		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-5-50 to 12-7-50, that I last saw the deceased alive on 12-7-50 and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED 12-7-50		23b. ADDRESS		23c. SIGNATURE [Signature]	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/7/50		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR			
25a. DATE REC'D BY LOCAL REG 12-5-50		25b. REGISTRAR'S SIGNATURE [Signature]		25c. ADDRESS	