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.

SEP 28 1927

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

Do not use this space.

24640

1. PLACE OF DEATH
County: Jasper Co. Registration District No.: 411 File No.:
Township: Registered No.: 382
City: Joplin (No. St. Johns Hospital St. Ward) Primary Registration District No.: 2002

2. FULL NAME: Peggy Gerell Goade
(a) Residence. No. St Johns Hospital
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 12 1927

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Granby
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Hubert Goade
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Granby
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Emma Pace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Vernon Co Mo.

14. INFORMANT: Mrs Geo Pace
(Address): Granby Mo

15. FILED: 8/16 1927. Albinus Bland
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1927, to Aug 14, 1927, that I last saw him alive on Aug 14, 1927, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicemia
36 Acute coronitis
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Culture of material from Kidney
(Signed) Gilmore Moody, M.D.
8/17, 1927 (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Granby Cemetery
DATE OF BURIAL: Aug 15 1927

20. UNDERTAKER: J. A. Huffman
ADDRESS: Granby Mo

Mail to Dr A Benson