AR 19 1928

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

Do not use this space.

1. PLACE OF DEATH
County De Kalb — Registration District No. 260 — File No. 4481
Township Grand Rivers — Primary Registration District No. 5363 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Dorothy Louise Good.
(a) Residence. No. ..... St., ... Ward. .....
(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.

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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 13th 1927

7. AGE — YEARS: — MONTHS: 11 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cameron
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Wallace Good.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Elizabeth Light
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT Earl T. Dennis
(Address) Lathrop Mo.

15. FILED 2-21, 1928 Winifred W. Moser
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1928, to Feb 19, 1928 that I last saw her alive on Feb 19, 1928 and that death occurred, on the date stated above, at 1.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
9
107A (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. A. Franklin, M. D
2-20-1928 (Address) Cameron Mo

*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: Walnut Grove — DATE OF BURIAL: Feb 21 1928

20. UNDERTAKER: J W Poland — ADDRESS: Cameron