

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

Do not use this space

8880

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1097
 City N.E. Mo. (No. 3872 Prospect) St. _____ Ward _____

File No. _____
 Registered No. 1049

2. FULL NAME

Alfred L. Goodman

(a) Residence No. 3872 Prospect Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | white | married

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

Belle Goodman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May-4-184

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>10</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Doctor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Mrs. G. J. Pickler
 (Address) 3872 Prospect

15.

FILED 3/8 28 m.m. Perrow
 REGISTRAR Deer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1928

17. I HEREBY CERTIFY That I attended deceased from act. 1928 to March 7 1928 that I last saw him alive on March 4 1928 and that death occurred, on the date stated above, at 1:30 am m.

THE CAUSE OF DEATH* was as follows:
Arteriosclerosis of heart

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signature) H. B. Beatty, M. D.
 3/8, 1928 (Address) 906 Medical Bldg

*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

Forest Hill DATE OF BURIAL March 28

20. UNDERTAKER

Mrs. O. L. Foster ADDRESS N.E. Mo.

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.

