

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

Do not use this space.

15115

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
No. **5370 Waterman**

File No.....
Registered No. **4037**
St..... Ward)

2. FULL NAME

(a) Residence. No. **5370 Waterman** St., **12** Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** | 4. COLOR OR RACE **white** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Geo. W. Goddard**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 14, 1843**

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
84 | **9** | **27**

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) **Hempstead Co. Arkansas**
(STATE OR COUNTRY)

10. NAME OF FATHER **Jyra Hill**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Franklin Co. Virginia**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Catherine Guyson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY)

14. INFORMANT **Geo. Goddard**
(Address) **5370 Waterman**

15. FILED **20 12 19** **May C. Starling**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 11 1928**

17. I HEREBY CERTIFY, That I attended deceased from **February 27 1928** to **April 11 1928**, and that I last saw him alive on **April 11 1928**, and that death occurred, on the date stated above, at **9:20** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
93C.
90B **several years**
(duration) yrs. mos. da.

CONTRIBUTORY **cerebral thrombosis**
(SECONDARY)
(duration) yrs. mos. **10** da.

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? **clinical**
(Signed) **Drew Tuttle**, M. D.
4-12 1928 (Address) **St Louis, 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 **Bellefontaine** DATE OF BURIAL **Apr. 13 1928**

20. UNDERTAKER **Wagoner** ADDRESS **3621 Olive**

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.

