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

Do not use this space.

19564

1. PLACE OF DEATH

County Scott — Registration District No. 814 — File No.

Township ~~Moorland~~ — Primary Registration District No. 4490 — Registered No. 8

City Benton (No. ..... St. ..... Ward)

2. FULL NAME John Haw Goodin

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Male
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1869

7. AGE: 58 YEARS — MONTHS: 7 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Co. Supt of Schools
(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): Charleston Mo

PARENTS

10. NAME OF FATHER: Franklin S. Goodin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hardin Co. Ky.
12. MAIDEN NAME OF MOTHER: Jennie E. Haw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Charleston Mo.

14. INFORMANT: Mrs M. G. Tirmestein
(Address) Benton Mo.

15. FILED May 15 1928 — S J Wade, Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 14, 1928, that I last saw h. alive on May 14, 1928, and that death occurred, on the date stated above, at 10:20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82A
77
74A1
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteria-p clerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Uriel P Haw, M. D
, 19 (Address) Benton, 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: Commerce Mo. — DATE OF BURIAL: May 17 1928

20. UNDERTAKER: Walther Und Co. — ADDRESS: Cape Gir. Mo

N. ... y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAU... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...ITE PLAINLY, WITH UNFADING INK ...

JUL