AUG 21 1928

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

Do not use this space.

23041

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. Mercy Hospital St. Ward)

File No.

Registered No. 845

2. FULL NAME William E. Goins

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

Length of residence in city or town where death occurred yrs. 1 mos. ds. 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 Jennie Goins,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher;

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER G. W. Goins,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) North Carolina,

14. INFORMANT Mrs. W. E. Goins
(Address) Agency, Mo.

15. FILED JUL 10 1928 John G. Wh[illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to July 8, 1928, that I last saw him alive on July 8, 1928, and that death occurred, on the date stated above, at [illegible] 9 26 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
117A
Unknown (duration) yrs. mos. ds.

1290

CONTRIBUTORY (SECONDARY) Ulcers of Stomach
Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Agency Mo

(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab

(Signed) [illegible] Walker, M. D

July 9, 1928 (Address) Mercy Hospital

*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	DATE OF BURIAL
Agency, Mo. via Auto	July 10 1928

20. UNDERTAKER	ADDRESS
Heaton - B. Gale & Bowman by J. H. Kaale	319 S. 10 St. Tucker Home

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.