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

Do not use this space.

File No. 27406
Registered No. 32

1. PLACE OF DEATH

County: Jackson — Registration District No.:
Township: Kaw — Primary Registration District No.:
City: Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Le Roy Goudie, Jr.

(a) Residence. No. 5920 High Drive St. Ward. Mission Hills, Kansas.
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 28, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(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) Missouri

PARENTS

10. NAME OF FATHER Le Roy Goudie, Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Leonora Gates
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY) Missouri

14. INFORMANT LeRoy Goudie, Sr.
(Address) 5920 High Drive, Mission Hills, Kans.

15. FILED 8/20, 1928 M. M. Browne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Aug. 17, 1928, that I last saw h. alive on Aug. 17, 1928, and that death occurred, on the date stated above, at 11:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of left femur
49 13D
1 19
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pulmonary metastasis
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF?
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? microscopic
(Signed) Ralph E. Ulrich, M. D.
8/17, 1928 (Address) Kansas

*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 Cem — DATE OF BURIAL: 8-20 1928
20. UNDERTAKER: Stone & McClure — ADDRESS: 924 Oak

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.

WRITE WITH BLACK INK—THIS IS A PERMANENT RECORD

Steine-Me[illegible]