DEC 26 1928

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

Do not use this space.

36282

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125 File No. —
Township " " Primary Registration District No. 3009 Registered No. 1250
City " " (No. St Francis Hospital St. 8 Ward)

2. FULL NAME Baby Goodman
(a) Residence. No. St., Ward.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9-1928

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Osbert Goodman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Advance (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Genevia Lawsen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canalue (STATE OR COUNTRY) Mo

14. INFORMANT Osbert Goodman
(Address) Reynolds Mo.

15. FILED 11/10, 1928 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Nov 10, 1928 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 6.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

8 2 01

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7401

(duration) yrs. mos. ds.

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?
(Signed) [signature], M. D
, 19 (Address) Cape Girardeau 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: Beaunwood Mo
DATE OF BURIAL: Nov 11 1928

20. UNDERTAKER: Losberg F & U Co
ADDRESS: Cape Gir.

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.