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

Do not use this space.
38327

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 10928

City St. Louis (No. St. Louis Mullanphy Hospital St. Ward)

2. FULL NAME Eliza Jane Goodwin.

(a) Residence. No. 2331 State St. St., ... Ward. Alton, Illinois.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 15 ds. How long in U.S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4. 1873

7. AGE: Years 55 Months 4 Days 3. If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Chesterfield.
(STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER George Ghent.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER Louisa Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England.

14. INFORMANT Fred L. Goodwin
(Address) 2331 State St. Alton, Ill.

15. FILED NOV -8 1928 Mary C. Stanley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1928.

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1928, to Nov 7, 1928, that I last saw h. alive on Nov 7, 1928, and that death occurred, on the date stated above, at 4.40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 3 P.
Carcinoma Pancreas
Chronic
Nephritis 49
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Dilatation Heart
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mullanphy Hospital

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Nov 5 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Nov 7, 1928 (Signed) G. H. Lewis, M. D
(Address) 2342 S. Grand Ave

*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: Oakwood Cem. Alton, Ill. DATE OF BURIAL: Nov. 11, 1928.

20. UNDERTAKER: Robert H. Streeper. ADDRESS: Alton, Ill.

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD